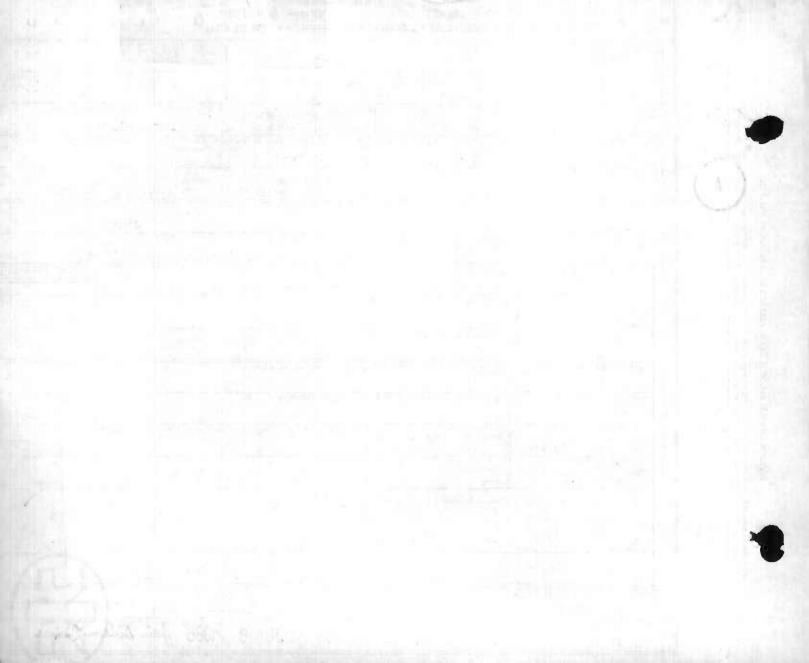
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TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEATH, WITH THE SIT BALTIMORE, MARYLAND, 2		22a. I certi	fy that I took char	ge of the remains desc	ribed obc	ove, held an	Autaps	y 🛣 II	nspection], Inquir	y D. ar	nd in my opi	inian	
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	23a.Bl	PECIFY)	TION, REMOVAL		-	NAME OF CEN				LOCATION	ort	Nort	h Car	offina
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CERTIFICATE # 86-19957





FOR 1 - STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

13e.STREET ADDRESS / ZIP CODE 21214 2600 Roselawn Ave. Ferrari ADDRESS Howard R. Stansbury, Sr., Same as 13e CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (SPECIFY Burial STATE COUNTY 7-15-86 0akLawn Balto., 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR andown- Heapters Leonard J. Ruck, Inc., 5305 Harford Rd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

2b. HOUR

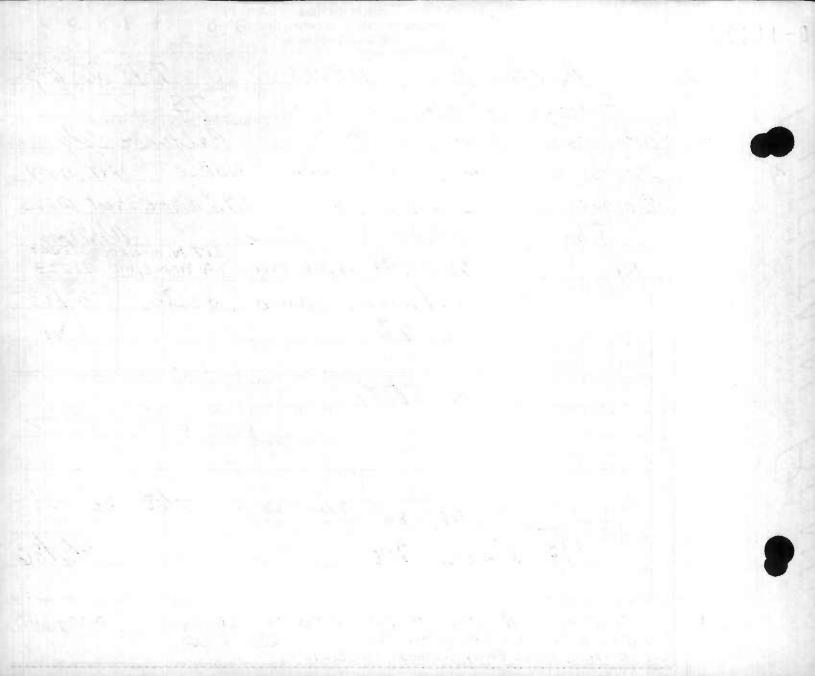
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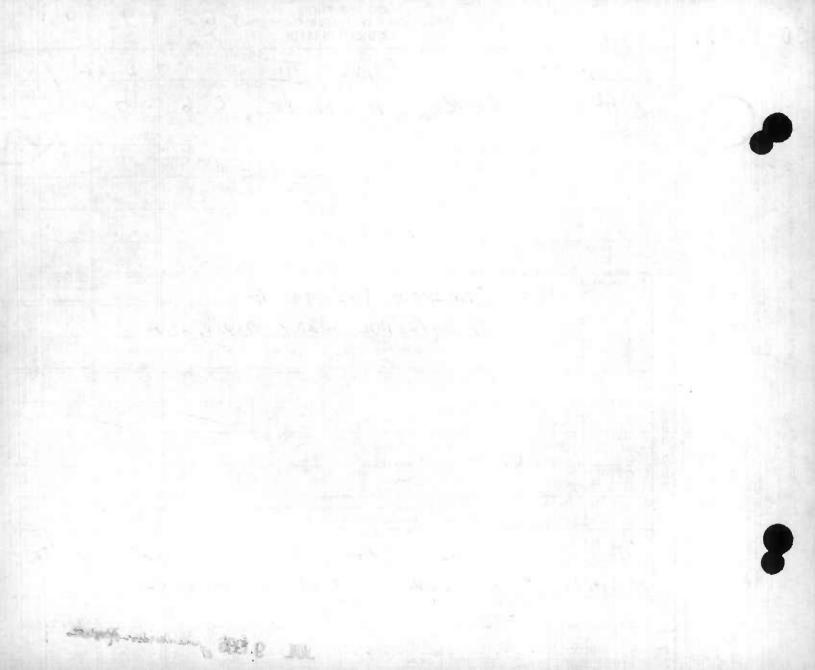
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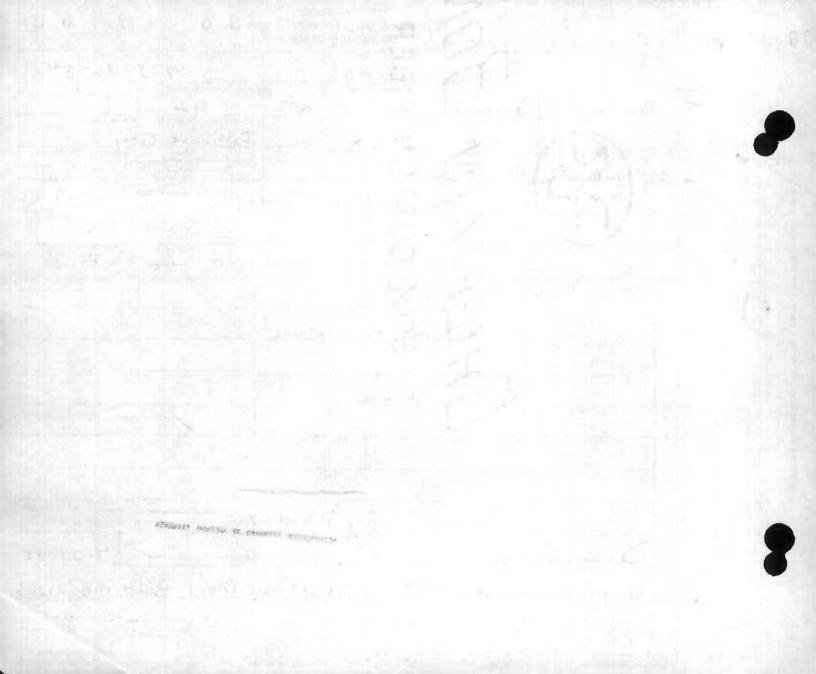
	STATE OF MARYLAND	
1-11177	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN 6	
	REGISTRAR CERTIFICATE OF DEATH REG. NO.	
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MAR)	FIRST TOWN MIDDLE FOSTER FIRST MARNIE MIDDLE WILLIAMS	
Necute and con dicol edicol edicol	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO., 17. INFORMANT 2170NSMONROE STREET	_
Pogg Pogg	(YES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES) 24-01-4994 WALTER STARKS BALTIMORE, MD. 21223	
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OR ATT e hospin DIRECTO sched fo Dept. of	obave, (1) (we) (did) (did not view the body after death. 226. SIGNATURE DEGREE 226. DATE SIGNED	-
7 4 7 5 9 4	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO TOUR	6
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DHMH - 16 60M 7/84	24 FNEMPEROS SONS FUNERAL HOME, INC. 250 ANGRECO BY M988AR 250. REGISTRAR'S SIGNATURE	
(VRA 15, 4)	2501 GWYNNS FALLS PKWY, BALTIMORE, MD, 21216	



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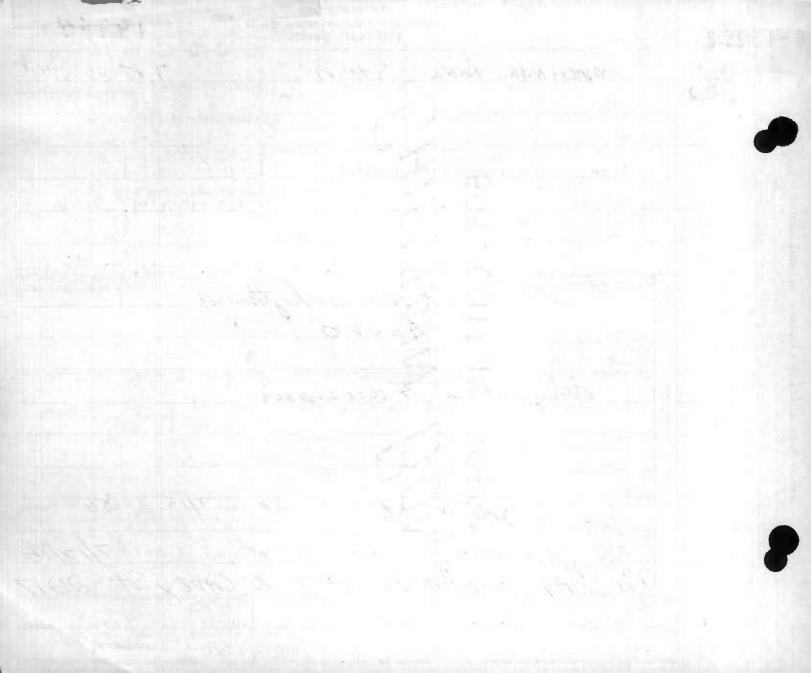
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7	CERTIFICATION	19a date of operation	196. CONDITION FOR WHICH OPE	ration was performed	200 AUTOPSY? YES ₹ NO □	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
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onds:		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE		4-1 211	1
Pag H	`	n.o.		220-05	-1693	Mr. Frede	rick A. S	tein.	Mestm	inster
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3 0	110	above, Uniwe (did) (did	not) view the bad	ly ofter death	774	DEGREE	, , , , , , , , , , , , , , , , , , , ,	ne diid neor d		
Dep N		221 SIGNATURE	1	1 9		ATTENDING	MEDICAL STA	EE.	22t. DATE SI	GNED
a = 1		Allex 1	stoa	201	/	PHYSICIAN [DIRECTOR PHYSIC	IAN	1///	7/86
PORTANT:		22d PHYSICIAN SNAME (TYP	E OR PRINT)	(1)	77	22e ADDRESS	4		2 .	
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shoul with IMPO	23a F	URIAL, CREMATION, REMOV	AL 23b. DATE	1230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
		SPECIFYI					CITY OR TOWN		COUNTY	STATE
		Cremation UNERAL DIRECTOR	/-18	8-86 C	arrol		1 Hampste		rroll	Md.
- 16 60M 7/B4		NAME		AODRESS		1111		Sh. RECISTRA	R'S SIGNATUR	- TO
(VRA 15, 4)		line Funera	1 Homa	Hamnet	b.co.	Ma UUI	23 1986 /-	To bound fate		1.



				STATE OF MARYLAND		
3734	1 -	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	GIENE 8 6	9 9 6 5
		EASED NAME FIRST	WIDDLE	ŁAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
eoth 3		FREDERI	ck J.	STENCILST.	0.7 2	5 86 1:481
ê 80 P	3. SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
4 88		Male	White	MONTH DAY YEAR	73 YRS	MONTHS DAYS HOURS MIN
8 12/50		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
150		Daltimore	U.S.A.	WIDOWED DIVORCED	Baltimore	- city
435 30	10 CT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS C
(12/40)		Baltimore	# . A 11	iore General	Sheet metal Meilan	
E _ D	USUA 13a S		OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	130 STREET ADDRESS / ZIP CODE	Do 1 to Mal
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nd for	160 W	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		21061 ADDRESS GTE	n Burnie Mo
Poges medico	14	S, NO OR UNKNOWN) [IF YES, GIV	WILLIT 212-07-7	663 John Coad	ly 502 Delains	we Ave - So
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Pirter Port for t		sow the deceased alive an above, (1) (we) (did) (did no	t) yew the hady after death	, and that in (my) (our) apinion	death occurred on the date and hou	and from the couses stated
1 0 T C		22b. SIGNATURE	The view me dody oner dedin.	DEGREE		22c DATE SIGNED
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the hose to DIRE etoched the Dept To He French		18 E 1132 St			_ June et ok _ Trivole in Teg	
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O HOS Per Petorned by the TO FUNERAL With the State MPORTANT: I		22d PHYSICIAN'S NAME (14PE O CHENE R. URIAL, CREMATION, REMOVAL PECIFY) Burial	[236 DATE 230	NAME OF CEMETERY OR CREMATORY edar Hill Cemt.		County Mary land



12182	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	EALTH AND	MENTAL HYG	0 0	G. NO.	9 9	6 6	5
		CEASED NAME FIRST		MIDDLE	ı	AST		20 DATE OF DEA	TH MONTH D	AY YEAR	26. HOUR	
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OR A DIRECTOR A DIRECTOR OF THEM		226. SIGNATURE	0 11			DEGREE				22c. DATE	SIGNED	
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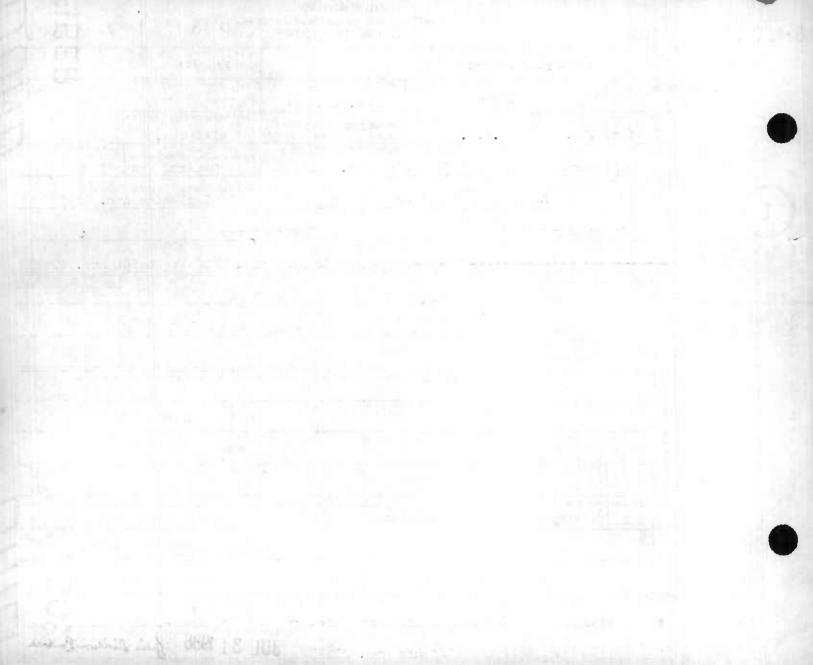
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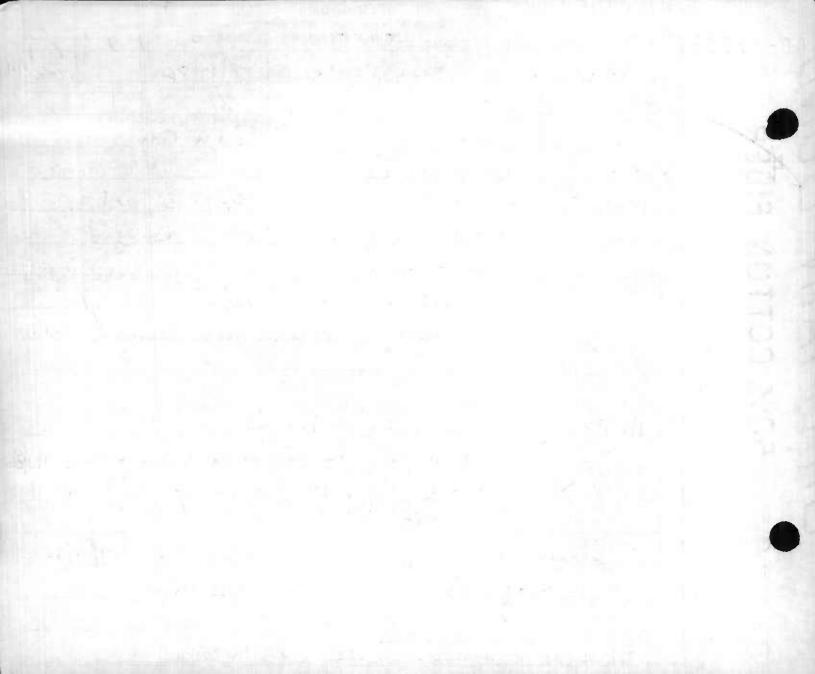
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0-	-XEGER	-	1 - 1 - i	JIF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)			FOR MOST OF WORKING	LIFE)	OR INDUST	RY
25	E COM HIS		Baltimore		ty Hospita			CHILD			
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- 1	E-8015		Canditians, if any, which	1100							
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3	STREET &	5	198. DATE OF OPERATION	IVE. CONDII	ION FOR WHICH OPE	CATION W	AS PERFORMED?			20 AUTOPSY	?
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1	BENCTS.)	death resulted from: Natura	I causes . [1	Aceignent X St	icide C	Hamicide .	Undetermined manne	er ,		
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	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE PAGE & SHOULD BE FOR TO FUNERAL DIRECTOR: PAFIRE BEATH, WITH THE STAR BATTER DEATH, WITH STAR BATTER DEATH, WITH STAR BATTER DEATH WIT	-	TYPE OF PRINT	IS F. OIII	CII, M.D.		ADDRESS	eini dei, be	110017 110		
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				STAT	E OF MARYLAND			
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3 2 3	_	REGISTRAR			FICATE OF DEATH	REG. NO		0 7
poge 3		CEASED NAME FRST Frederi	.ck Stewart		LAST	7/30/86	MONTH DAY YEAR	2b. HOUR
	3 SE	X	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR		
rs of		Ma1e	B1ack	Se	pt. 29,1908	77	YRS. DAYS	MOURS MIN.
172 ho		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COULD	MARRIE WIDOW	DED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEATH	MD.
d with		Baltimore	11. NAME OF HOSPITAL, N	URSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 126. KIND (F WORKING LIFE) INDUSTRY	OF BUSINESS OR
be file	USU.	AL RESIDENCE HE NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENC	E BEFORE ADMISSION)	Ave. 21215		ed Custodian	
and and				timore	13d INSIDE CITY LIMITS?		ZIP CODE eside Ave. 2	1215
s zomine	14. FA	THER'S NAME FIRST James Stewa	MIDDLE LA	ST	IS. MOTHER'S MAIDEN NA FRSI Hattie	MIDDLE	ŧ.	ST
Poges 1 and		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE	SS	
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ovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for (o),	No. and rein	- /	0	APPRO: BETWEEN	XIMATE INTERVAL
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or re office			DUE TO, OR AS A CON	SEQUENCE OF	11/			
oum,		Conditions, if ony, which	((b) C	scena	me Lem	Relass	ale	
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ws or	CERTIFICATION	176. DATE OF OPERATION	198. CONDITION FOR V	VHICH OPERATIO	NAS PERFORMED		IN CERTIFYING CAUSE	
18 sho	1	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c. HOW INJURY OCCUR		YES THE PART I OR PART 2)	NO []
iol-fronsit ntol Hygie em 18 sho		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT			TENTEN THIONE OF THE	,	
Went	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION			
h and h	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC }	STREET	CITY OR TO	WN COUNTY	STATE
s a off	10	220.1 certify that (I) (this hasp	oital) attended the deceased	from	1986	, to	30 1956	that (I) (we) lost
of H 21:		sow the deceased alive or	n	19 6.0	nd that in (my) (our) opinion	death occurred on the de	ote and hour and from the	couses stated
ept.		22h SIGNATURE	//		DEGREE		22c. DATE	ESIGNED
- ±			1	4-4	2 ATTENDING PHYSICIAN	MEDICAL STATE		2
with the State		22d. PHYSICIAN'S NAME (TYPE	ORPRINT) PEHMIN	11/	22e ADDRESS	S SWEETON B THIS		8
should be det with the State	230	BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	123d. LOCATION		
	230	(SPEC IFY)				CITY OR TOWN	COUNTY	STATE
	24 5	Burial UNERAL DIRECTOR	8/2/86	Woodla	wn Cemetery	Baltimor	e, Maryland	
50M 4/83		Wineral Home	. AD	DRESS		11 31 1986	256 REGISTRAR'S SIGNA	
5, 4)	La	wi file [a] Homo	1611 Darle Has	ahta Azz	21215 4	II U I TOO	House Branch	-



		STATE OF MARYLAND
	De la	Cerofe. amended by M.E. 9/3/8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
nn.	-12798	REGISTRAR Marcella Strasdauskas I ASI REGINO.
00	12100	I. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
	oge deoth	Marcela Struckanten 7/17/86 1208m
	mo.	3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAS BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTH DAY YEAR
-	cto	Female Cauc. 9 7 04 8/ YRS
		70 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED
		Tith. USA WIDOWED DIVORCED DIVORCED MD.
u	1 11 100	10 CHY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 125 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORK FOR
5/4	3 110	1 Seamstress Clothing
*	1 100	JUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE HIDDEN ADMISSION) JUAN COUNTY 13c, OR SUMMED ADMISSION 13d INSIDE CITY LIMITS? 13c.STREET ADDRESS / ZAP CODE
9 /	別的中	WO YES IX NO 1 907 Bayard St. 21223
22	1 49	14 FATHER'S NAME FIRST MIDDLE A LAST A ST A S
MA	1100	Valerian Strashovskar Macella Dargis
8	igal de contraction d	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITYNO. 17. INFORMANT ADDRESS.
MO	Pog med	No - 213-10-459 Joseph Strasdauskas, 2606 Beckleysville
SALT	ore b person	18 CAUSE OF DEATH lEnter only one couse per line for 101, (b), and (c) Rd., Freeland, Md. 21053 APPROXIMATE INTERVAL RETIVERORISE AND DEATH
ST., E	phy on po emov	> PART I. DEATH WAS CAUSED BY Carolin resources Arrest
NO	ding orbo	DUE TO OR AS A CONSEQUENCE OF
PRESTON	deot ove c non,	Conditions, if any, which (b) Subdiva + Introcerebral herecome Colons
8	the cremo	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF
*	by ose	underlying couse lost
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DIVISION OF VITAL RECORDS	The The injury	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 2016 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 210. ACCIDENT WAS UNDERLYING 10. 11 TIME OF INJURY 2114 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ECO	ony ony	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
AL R	he I hos	= 7/11/84 Subdural & Intracordoral Meds NO NO NES NO D
N.	hysici icote ronsi Hyg 18 sh	
O	g planticle	3 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR POUND CONSTITUTION of Stairs 7/1/86
Ö	his of hor h	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 11 PG9 THE CONTROL OF THE PROTOCOL EXAMINER P.M. 11 PG9 THE CONTROL OF THE PROTOCOL EXAMINER P.M. 11 PG9 THE CONTROL OF THE PROTOCOL EXAMINER P.M. 11 PG9 THE CONTROL OF THE PROTOCOL EXAMINER THE PROTOCO
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	of the Control	sow the deceased alive an
	hos hos hos hos hed thed hept	22% SIGNATURE DECRETE. approved by Dr. A. Dixon 32% PAJESIGNED
1	Al Carlo	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7/17/86
	d by	220 ADDRESS
	HOSPITA Tound by the Story APORTANT	Kaokes Oniv of MD Hose
	D = 5433	230. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 231 LOCATION (19 OF 10 O
	BP	Burial 7/21/86 Holy Redeemer Balto., Md.
	DHMH - 16 60M 7/84	24 FUNE SCHIMUNEK Funeral Home, Inc. 250 DATE REC'D. BY REGISTRAR'S SIGNATURE
	(VRA 15, 4)	3331 Brehms Lane, Balto., Md. 21213 JUL 18 1986



-11973	1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENB 6	9 9 7 2			
2 64		CEASED NAME Frede:	rick Conrad	Stock	July 8, 1986	26. HOUR 4:20 P.			
35	1.5	Male	White	5. DATE OF BIRTH 12-31-1912 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 73 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS			
1 11 1	1/1.1	Md.	76 CITIZEN OF WHAT COUNTRY?	* MARRIED * NEVER MARRIED UDVORCED UDVORCED UDVORCED UDVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH				
14	5	Balto.	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Good Samaritan Hospital		126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I Ret. Salesman				
and the same	712	Md.	136 CITY OR TOW Balto.	N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 3621 Gibbons Ave. 21214				
	D H.F	John	Stock	15. MOTHER'S MAIDEN NA	Ellen Cu	nningham			
av			215–10–8		k, Same as 13e				
			inly ane cause per line far (a), (b), an ED BY: TE CAUSE (a) ACUTE	MYOCARDIAL	INFARCTIO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
hat the attending by the attending one remove corbs of, cremation, or it other traumatics.		Conditions, if any, which gove rise to immediate coole to stating the underlying trasse last	DUE TO, OR AS A CONSEQUE	RY ARTERY D	ÎSEASE				
n vgned Ther pla to buring	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION G	IVEN IN PART Tra			
on. box bee the prior	TIFICAT	IN DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO				
o physic confices in the	CAL CER	THE ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF D IF TITHER NOTEY MEDICAL EXAMIN	P.M.	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2}			
the bo	WED	214 NUURY OCCURRED	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE			

23d. LOCATION
CITY OF TOWN
Balto., Md. 23a BURIAL, CREMATION, REMOVAL 23(NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial 7-12-86 Parkwood 24 FUNERAL DIRECTOR

DEGREE M.D. ATT

ATTENDING PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck Inc

22a. I certify that (this hospital) attended the deceased from sow the deceased alive an above (we) (did) (did not) view the body after

Baltimore, Md.

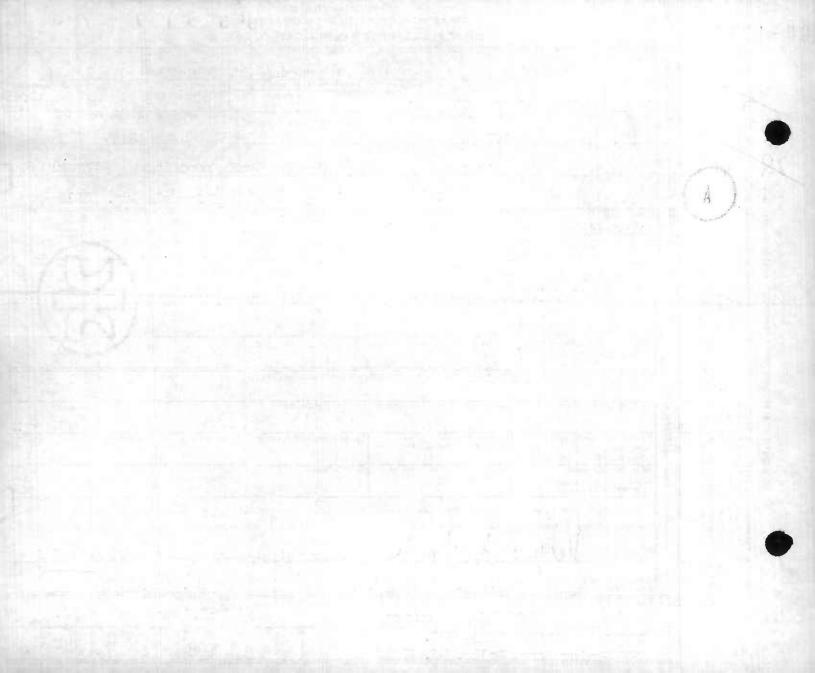
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S, SIGNATURE

MEDICAL STAFF
DIRECTOR PHYSICIAN

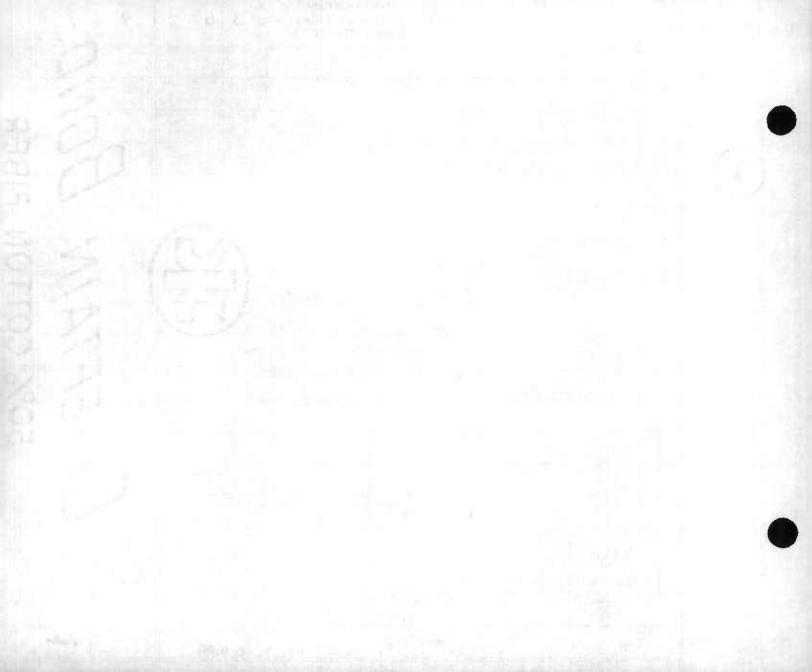
22c. DATE SIGNED

WELL B. 1986 2101-17-21 Wilder Telto, City 0.7 fml et. Salosman Drighter Co. Balko. Turk Gibbons Ave. Math entyminnou coli 215-10-39222 Payllly Stuck, Sade as 13e Sonerall profes Looming F. Muce Inc | Balthroom, to.

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12120	0	FOR STATE					EALTH AND A				1 3	7	1 3	
. 133	3	REGISTRAR		ME		EXAMINI	ER'S CERTIF	ICATE C			REG. NO.	111		
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	1			erick			Strass	sheim	Jr.	DEATH MA	TED	7	9 19 86	5 M
	1	LSEX	4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA		IF UNDER		DATE		MÖNTH	DAY YEAR	24 HOUR
	1	Male	White	2-22-19	17	69 YR		HOURS	MIN, ITI	DEAD		7	9 19 86	1;45
	4	7a. BIRTHPLACE	(STATE OR	76. CITIZEN OF W		TRY?	8 MARRIED TO N	EVER MARR	IED 7	BALTIMORE	CITY OR	COUNT	Y OF DEATH	
į	2	Md.					WIDOWED [MD.
S	T	10 CITY OR TOW	N OF DEATH	11 NAME OF HO			OR OTHER INSTIT	UTION	12a. USUA	L OCCUPATION	ON TTYPE O	F WORK	OR INDUS	USINESS
2	Н	Baltim	ore				dical Cer	nter	Hand	Compos	itor		Waverl	
7		USUAL RESIDENCE	E (IF IN NURSING HOME	OR OTHER INSTITUTION, O	IVE RESIDENCE	BEFORE ADMISSIO	N)							
-	引	Md.	136 COU	NIY.	Balt	imore	YES X	CITY LIMITS?	371	t address 5 Lynd	ale i	Ave.	21213	
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A F ROSES		(YES, NO, OR UNK		WAR OR DATES)	212-	07-1432	Eve	lyn St	trassh	eim (w	rife)	same	e addre	SS
	1	II CAUSE	OF DEATH (Enter o	nly one cause per lin				-					APPROXIMA	TE INTERVAL
A SECTION OF THE SECT		PARTI	DEATH WAS CALISE	ED BY: ATE CAUSE (a)			otic care	diovac	cular	dicos			BETWEENONS	ET AND DEATH
42	\$		IMMEDIA			SEQUENCE C		TTOVAS	Cular	ULSEQ.	3C			
EAAC	EWC		ions, if any, which										130	
9 90	S R		rise to immediate (a) stating the under		R AS A CON	SEQUENCE O	£							
L RECORDS, 201 W. PRESTON ULD BE EXECUTED WITHIN 24 "PENDING" IN PENCIL IN ITE F. MEDIOLAL EXAMINER A GIO F. DAS A BURIAL TRANSIT PE HEALTH AND MENIAL HYGIEN IL, CREMATION, OR REMOVA		couse (a) stofing the <u>under-</u> <u>lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF										-		
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CE/AN				tenning in 10 dear	-	THE TERMIN	THE DISERSE OF CONDI	IUN DITEN IN FA	KI I IO					
) 7 ::		I ITO. DATE	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPSY	(2		
	1	SF												
	5	190. DATE O	NAL CAUSE WAS	21b. TIME C	F INJURY		21c HOW INJUR	RY OCCURRE	D LENTER NA	TURE OF INTURY II	N ITEM IR PAI	RT 1 OR PAR	YES 🗌	NO X
-		UNDERLY	NG OR			DAY YEAR		Decokke					,	
1		214 INJUR	TING CAUSE OF		M. OF INJURY	19	21f LOCATION							
RE THIS CERTIFICATE SHOULD THE WORD "PEI WARPOED TO THE CHIFF W. RE PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEAD, 21201 PRIOR TO BURLALL.			NOT WHILE		CTORY, FARM, E		STREET			CITY OR TOWN		COU	NTY	STATE
717		AT WORK	AT WORK							Pro-				
L EXAMINER: 1 ECERTIFICATE, DULD BE FORV L DIRECTOR: F H, WITH THE SI , MARYLAND, 3		220. I ce	220. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry X, and in my apinion											
		deoth res	deoth resulted from: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner ,											
5		ACTUAL	Mount		al.	. 0.		(SPECIFY)						
CE. 17		ACTUAL	MOON	ple in	egn	W	M.D. ASS	sistan	t MEDIC	AL EXAMINE	R	SIGNED	7/9/8	36
Mr. Jah	2	EXAMINER	'S NAME											
411.	-	(TYPE OR P	RINT)IM	argarita.					l Penr		Balt	O.MD).	
'n		230 BURIAL, CREA	ATION SELLOWAL	AND AND	23/ 1	NAME OF CEM	ETERY OR CREMA	IORY	23d. LOC.	ATAMA				
		I SPECIFY)										COUN	S CAR YI	TATE
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		Buri	al	7/11/86	Pa	arkwood			REC'D. BY RI	Baltimo EGISTRAR 2	b. REGIST	RAR'S SE	GNATURE # . #	
- 17 ME (5	-	Buria 24. FUNERAL DIR		7/11/86 ERAL HOME	, INC	arkwood •			REC'D. BY RI	altim	b. REGIST	RAR'S SE		



4842 1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND AENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 6 REG. NO.	9 9 7 4
	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DA	
3. SE	HENRY	MARVIN	STREET	July 31, 1986	7:30p _м
3. SE		4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	UNDER 1 YEAR IF UNDER 24 HRS
urs off	MALE	BLACK	12 14 1919	66 YRS	
200	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
- 0	. CAROLINA	U. S. A.	WIDOWED DIVORCED DIVORCED DIVORCED	BALTIMORE CITY	MD OF BUSINESS OF
B	ALTI MORE	(IF NOT IN SUCH FACILITY, GIVE STREET VA MEDICAL CENT)	ADDRESS) ER BALTTMORE MD	(TYPE OF WORK FOR MOST OF WORKING LIFE) TRUCK DRIVER	INDURENT CHWAYSOR CONSOL IDATED
	STATE ARYLAND	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 131. CITY OR TOW BALTIMOF	RE YES 🛛 NO 🗆	BALTIMORE, MARYL	19 RICHWOOD AV AND 21212
14.F	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
0) (3)	WILL	STREET	BLANCHE		JACKSON
oges leading	WAS DECEASED EVER IN U.S. AI	VE WAR OR DATES)	MR5.	719 RPCHWOOD	
S. Poge	(YES, NO OR UNKNOWN) (IF YES, GI	W II 245 07 7	241 LOIS H. STRE	ET BALTIMORE, MA	
oper vol.	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per line far (a), (b), an	ulmonary acrest		BETWEEN ONSET AND DEATH ONE LOUR
signed by in hen please re to burial, cren njury, ar ather	cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT		ENCE OF DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART I io
onsit permit. They one of the state of the s	190 DATE OF OPERATION		OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
/ /9	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D		RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT OR PART 2)
rked or Item	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, 1	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Health	saw the deceased alive a above, (l) (we) (did) (did n	n Suly Bl 19 ot) view the body after death.	66 , and that in (my) (aur) opinion	death occurred on the date and hour	
detached detached tate Dept	David L.	Oumigan	DEGREE M D ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
should be de with the Stot	DAVID L.	DUNNIFAN, M.D.			certer altimore, Md.
230.	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	CITY OR LOWN	COUNTY STATE
24	BURIAL BREGORSONS F	8/6/1986 GAR UNERAL HOME, INC	RISON FOREST VETER	TAIN BALII ATE REC'D. BY REGISTRAR 25b. REGISTR	MORE, MARYLAND AR'S SIGNATURE
		ONERAL HUME, INC. BALTIMORE		C 0 1986	ten-fandest



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME Elizabeth Antoinette TYPE OF PRINTS Streicek ELTZABETH V.TIIT. 1986 6. AGE (IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH 3 SEX ONTHS DAYS Female White June To BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED Baltimore. Md. -U. S. A. Baltimore City. WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Church Hospital Housewife Homemaker MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21224 13 STREET ADDRESS / ZIP CODE 21224 11 S. Curley Street 136 COUNTY 13d. INSIDE CITY LIMITS? Baltimore Md. YES 24 NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Reis Frank Holstein Maru 17 INFORMANT Baltimore ADDRESS 166 SOCIAL SECURITY NO. IAN WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) LIFYES GIVE WAR OR DATEST 218-07-8288- Joseph J. Strejcek-11 S. Curley APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) CARDIO PULMONARY ARREST DUE TO, OR AS A CONSEQUENCE OF (b) METASTATIC LUNG CANCER Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CELLULITIS OF LEG.STAPHLOCOCCUS SEPSIS.RESPIRATORY 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [JUNE 27, 1986 LUNG CANCER-BRONCHOSCOPY 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 86 that (I) we Dist 22a.1 certify that (1) (this haspital oftended the deceased from TUNE saw the deceased alive on JULY 1986 JULY sow the deceased olive on JULY ... and that in (my) correspondent death occurred on the date and hour and from the causes stated obove, (1) (we) (aid (did not) view the body ofter death 77r DATE SIGNED 77b. SIGNATURE DEGREE ATTENDING MEDICAL FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN 771 PHYSICIAN'S NAME LTYPE OF PRINTS 77e. ADDRESS CHURCH HOSPITAL CAROL S.RAMSEY D.O. BROADWAY, BALTIMORE, MARY LANG 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 236. DATE Burial Holy Redeemer Cem. Baltimore. Baltimore, St.; Balto., Nd. 21224 JUL 8 1988 DHMH - 16 60M 7/B4 (VRA 15, 4)

	1			STAT	EOFMARYLAND				
0-11473	1.	FOR STATE REGISTRAR	DEI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	0.	9 9	76
		CEASED NAME FIRST E OR PRINT)	MIDDLE		AST	20. DATE OF DEATH	MONTH OAY	Y YEAR 2	26 HOUR
o e e	1111	Mildre	ed Lee	Str	obel	July 2,1	986		M
poge deot	3. SE		4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF		IF UNDER 24 HRS
office 4		- Female	White	Ser	t.30,1904	81	YRS	NTHS DAYS	HOURS MIN.
1 1 7/	7a. B	IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COU	ITDV2 8		9 BALTIMORE CITY O		FDEATH	
1 11 1		Maryland	USA	MARRIE	DI NEVER MARRIED DIVORCED	Baltimor	e Cit	V	MD.
	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATE	ION	12b. KIND OF	BUSINESS OR
100	E	Baltimore	1711 Byrd	St. Bal	to .Md .21230	Homemak	er Cer	INDUSTRY	
No 210	130.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. CQUIL	II3c. CITY O		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE	212 Balto.	230 .Md.
1 11	14. F	ATHER'S NAME			15. MOTHER'S MAIDEN NA				
W + HAND		Frank -	EC	kles	Eliz	abeth MDDIE		Bri	idner
* * * * * * * * * * * * * * * * * * * *		WAS DECEASED EVER IN U.S. AR		SECURITY NO.	17. INFORMANT	ADDRE	:SS		
MOR Poges		YES NO OR UNKNOWN) (IF YES, GR	(E WAR OR OATES) 214-	20-4575	Mrs.Elsie	Griffin,	Same a	as abo	ove
He be		18 CAUSE OF DEATH (Enter or							ATE INTERVAL
physic physic noope novel rent, the		PART I. DEATH WAS CAUSE	D BY:		nomary ane	24.		BUWENON	ISET AND DEATH
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oth con on on o		Candidana di sa 191	DUE TO, OR AS A CON	SEOUENCE OF	1 to Paris				
PRESTON ne deoth c move cort motion, or troumotic	18	Conditions, if any, which gove rise to immediate	(b) - C/-	a radiu	- Co-se · / From	manue			
W. I hot th		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON		1. B. W	•			
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	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G IO DEATH BUT	NOT RELATED TO THE TERM	IIVAL DISEASE OR COIN	DITION GIVEN	TIN PART TIO	
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YSIC ding s cer s cer s cer	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE)	P.M. 21e. PLACE OF INJURY	19	211 LOCATION				
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DOR DOR TOL		sow the deceased alive on	July 28	110111	nd that in (my) (our) opinion (ate and hour a	and from the co	or (I) (we) lost
R ATT hospid IRECTO hed to ept. of tem 21		obove, (I) (we) (did) (did no	ot) view the body after death.		DEGREE			221. DATE SI	
0 0 0 0 0		And d	111.	1	ATTENDING .	MEDICAL STA	FF		
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TO HOSPITAL TO HOSPITAL TO FUNERAL Should be deto with the Store I	-								
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BP		Durial	7/5/1986		Hill Cemt.	Balto.	A.A.C	o.Md.	EU WILL
DHMH - 16 50M 4/83		UNERAL DIRECTOR B.	alto.Md.212	3.0	250 DAT	7 1986 RAR	256. REGISTRA	R'S SIGNATUI	RE
(VRA 15, 4)	1	ccully Funer	al Home, 130	E.Fort	Ave.	1000			

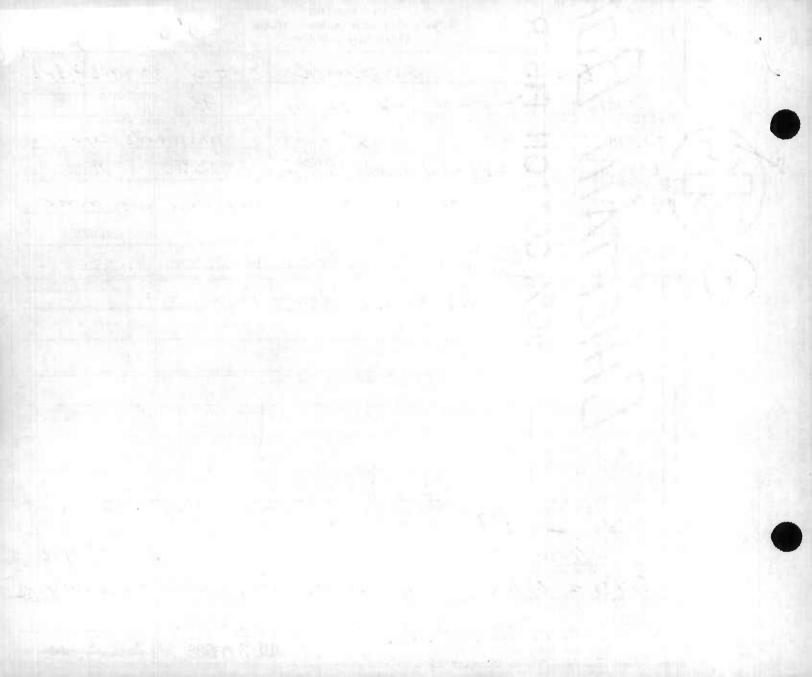
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JU -	11532	1.	- STATE REGISTRAR		ZET AKIM	CERTIFICATE OF				7 7	11
			CEASED NAME FIRST	WIDDIE		LAST		REG. NO.	NIH D	AY YEAR	26 HOUR
	o e c t	(TYP)	JAMES	E.		STRUMSKY		7	3	86	10:15Am
	may be poge er deat	3. SE		4. RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHD	AY)	IF UNDER TYEAR	IF UNDER 24 HRS
	s off		Male	White		Apr. 2	17	69	YRS.	ONTHS DAYS	HOURS MIN.
	00		IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT CO	UNTRY?	8. MARRIED NEVER		9 BALTIMORE CITY OR		OF DEATH	
	1 15 35		Maryland	USA			NORCED	Balti	more	City	MD.
1	11 100	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL			NOITUTION	120 USUAL OCCUPATION			OF BUSINESS OR
56	- a		Baltimore	2625 Geor	getow	n Road	West 1	Disabled	OHMING EIFE	, INCOSTRI	
22	d b	USU 13a	AL RESIDENCE LIF NURSING HOME OR STATE 136 COUN		OR TOWN		CITY LIMITS?	13e.STREET ADDRESS / Z	IP CODE		
AND	No see a see		Maryland	Bal	timo		NO 🗆	2625 George	town	Road,	21230
IRYL		14 F.			LAST		'S MAIDEN NA	WE		EA	IST
W			August		rums	-4	milia	M. ADDRESS		St	uber
ORE	and o		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) [IF YES, GIV	VE WAR OR DATES)	IAL SECUR			Chiefaut Start			577 57
LTIN	rs. Po		No		-05-93		J. Str	umsky, 2697	Dular	y St.	21223
88	thysic pope loval	18	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:	o), (b), ond	(C1.)	Vax	Finelast	Mary Ar-	BETWEEN	NIMATE INTERVAL
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2170	aned a pleid on pleid		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO D	EATH BUT NOT RELATE	D TO THE TERM	INAL DISEASE OR CONDIT	ION GIVI	EN IN PART I	10
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ISIO	the b	MEC	WHILE NOT WHILE IT	LAT HOME STREET FACTOR			i i	CITY OR TOWN	, 3	COUNTY	STATE
6	or o		220.1 certify that (I) (this haspi	ital) attended the decense	d from	- 1	108 (.	7	5	1086	Abot (I) (wa\lank
	or o	5	sow the deceosed olive on obove, (1) (we) (did) (did no			ond that in (Dy	(our) opinion	death occurred on the date	ond hour	ond from the	that (1) (we) last ecouses stated
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	the Detach		6	30h			ATTENDING PHYSICIAN T	MEDICAL STAFF	N	147	180
	NER DE L	1	226. PHYSICIAN'S NAME (TYPE O	OR PRINT)	20.17	22e ADDRE					
	etoined TO FUN with the IMPORT.		Barr			3455	Wilken	s Avenue Roo	om 30	4	
(5 5 5 7 3 3		BURIAL, CREMATION, REMOVAL	23b DATE	23c N.	AME OF CEMETERY OR	CREMATORY	23d LOCATION		COUNTY	CTATE
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D	HMH - 16 60M 7/84	1	UNERAL DIRECTOR		ADDRESS	21229	25e DAT	E REC'D. BY REGISTRAR 258	REGISTE	RAR'S SIGNA	TURE
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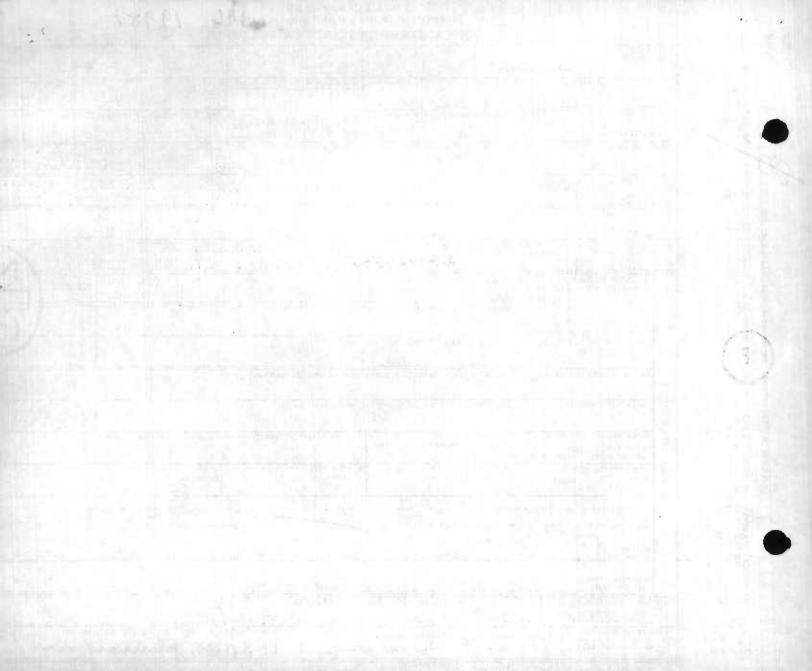
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	BP_	1	73a B	URIAL, CREMATION REMOVAL SPECIFY) Burial	23b. DATE 8-3-1	1986	Bierto	emetery or cremator wn Cemetery	Rawlings	s, Md.	allega	ny STATE
	DH1441 14 401	4.7/04	24 FL	INERAL DIRECTOR					ATE REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNATU	IRE
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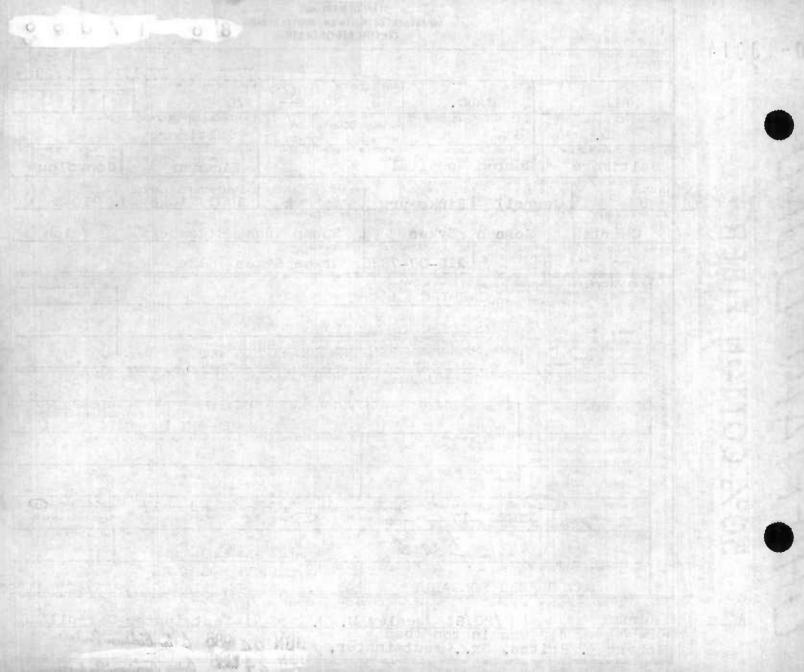
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYEREN - STATE MEDICAL EXAMINER'S CERTIFICA REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) ESTI-XXXX ALLAN DEATH MATED X 1086 E. Swartz 6 AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 2d. HOUR 3 SEX 2c. DATE LAST BIRTHDAY) PRONOUNCED 10:00 DEAD 1986 MALE WHITE 1942 a. M 4 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X MARYLAND USA WIDOWED [DIVORCED Baltimore City, IB. CITY OR TOWN OF DEATH IT NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK SELF EMPLOYED OPTICAL-EXPOR Baltimore 105 W. 39th St., Apt. 1308 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) DIV. APT. 1308 T3d INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY MARYLAND BALTIMORE YES XX NO 116 W. INIVERSITY PKWY. 21210 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST **JOSEPH** SWARTZ DOROTHY FISHMAN 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT MR. JOSEPH SWARTZ 218-42-1545 7 SLADE AVE., APT. 718 #21208 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? AUTOPSY? body only 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2 UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f LOCATION 21d INJURY OCCURRED STREET STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE AT WORK (body only) Autopsy XX 220 I certify that I took charge af the remai Inspection Notural courses Undetermined manner TITLE (SPECIFY) 7-25-86 EXECUTE THE PAGE 4 SHOU TO FUNERAL! AFTER DEATH. Assistant SIGNED EXAMINER'S NAME Dennis F. Snyth, M.D. ADDRESS 111 Penn St., Balto., 21201 Md. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 234 LOCATION STATE BURIAL 7-27-86 BALTIMORE HEBREW CONG. REISTERSTOWN BALTO 07/84 24 FUNERAL DIRECTOR SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD., BALTO., MD 21215 25M **DHMH - 17** who Daydon gandon (VR A15 ME (5))

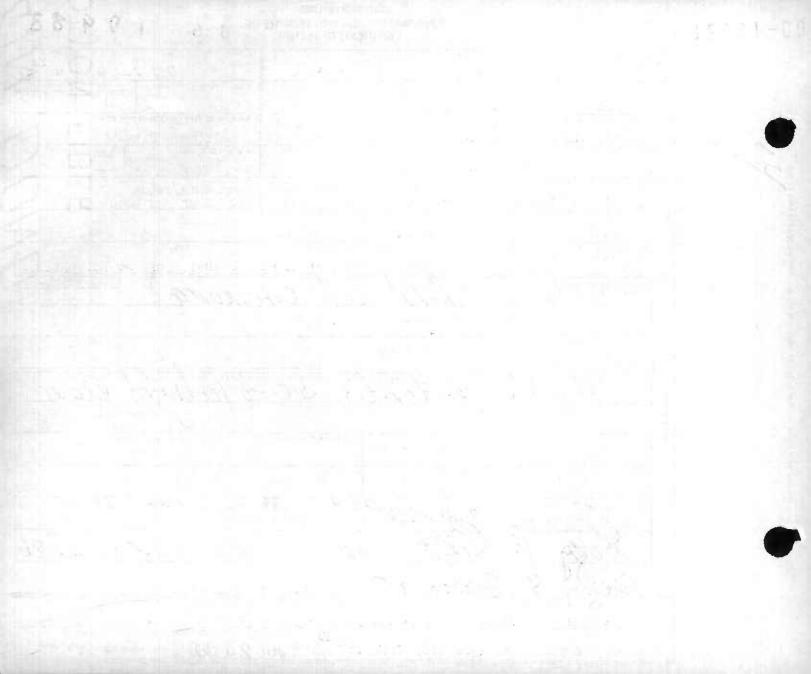


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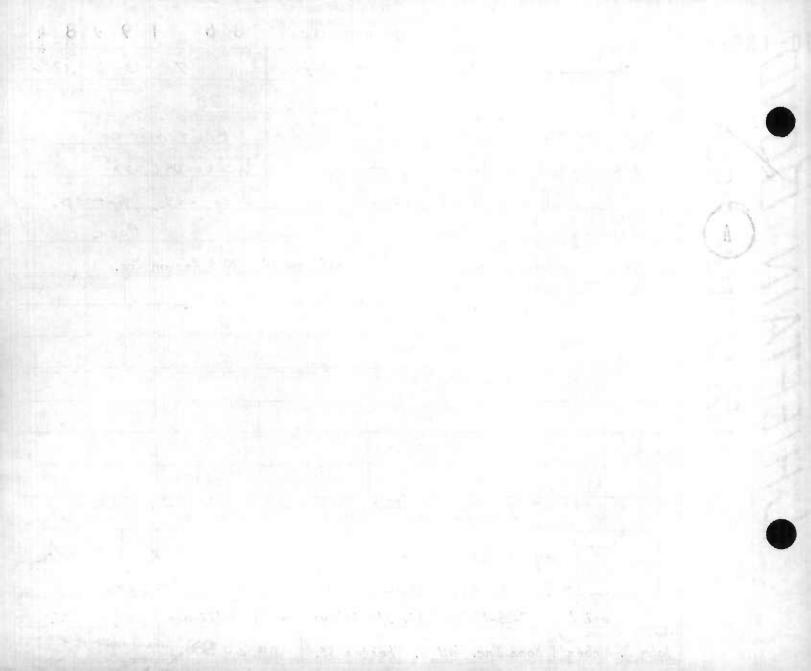
(VRA 15, 4)

STATE OF MARYLAND





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 2a. DATE OF DEATH 26 HOUR LIYPE OR PRINT 40 Szmajda 03 ac 3 SEX 4 RACE 5. DATE OF BIRTH & AGE TIN YEARS LAST BIRTHDAY IF UNDER TYEAR IF UNDER 24 HRS MONTH VEAR 56 H BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Bultimore, MI BALTIMORE WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMOR 5 Coast USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE Governo-'s Ishn THER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Pace 12 INFORMAN 3926 Kenyon Ave. USCURS+GU-1-14m APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 716 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK MAY 220.1 certify that (1) (this haspital) attended the deceased from 86 23 sow the deceased alive on_ , and that in (my) (our) opinion death accurred on the date and hour and from the couses stated obove, (I) (we) (did) (did not view the bady after death 226. SIGNATURE DEGREE 221 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23E NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Baltimore St. Stanislaus Burial em 250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE 4 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Gulia Davidson-John M. Weber & Sons Inc. 401 3. (VRA 15, 4) (hester St



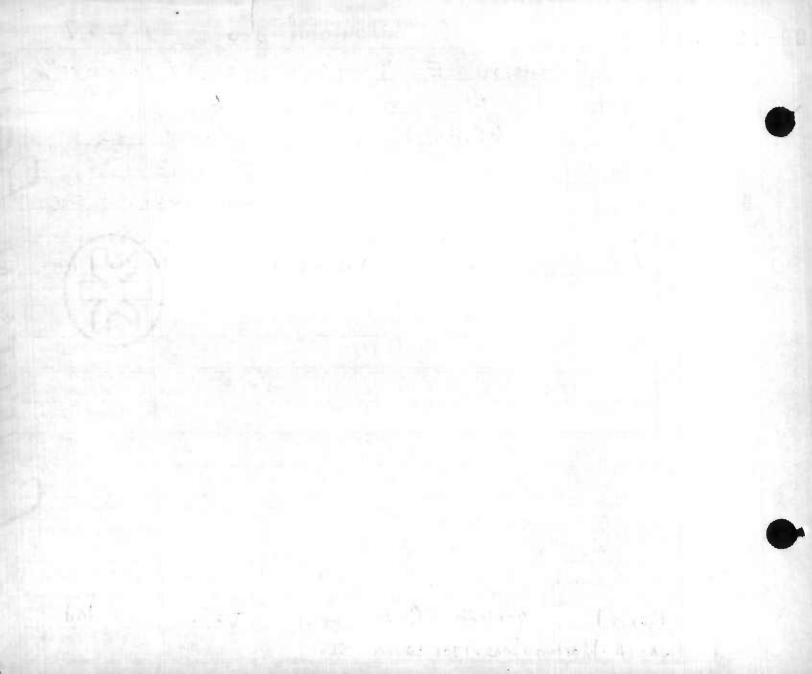
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RE,	e d	lcol /		VAS DECEASED EVER IN U.S.	ARMED FORCES? 16b S	OCIAL SECURITY NO.	17. INFORMANT	ADDR					
e ex	Pages	medico				-12-0942	Walter Szpa	ra-9105 Debo	rah Ave. #2	21236			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	on. hos been signed by the atten permit. Then please remove c ene prior to buriol, cremation.	shows any injury, or other froumof	CERTIFICATION	19a DATE OF OPERATION	DUE TO, OR AS A (c) TCONDITIONS CONTRIB (P) (9) (O)	FOR WHICH OPERATION	d Condition	ERMINAL DISPASE OR TO THE PROPERTY OF THE PROP	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH? NO			
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5	sho to	<u> </u>	23a. P	URIAL, CREMATION, REMOV			CEMETERY OR CREMATOR		1/6/16/1				
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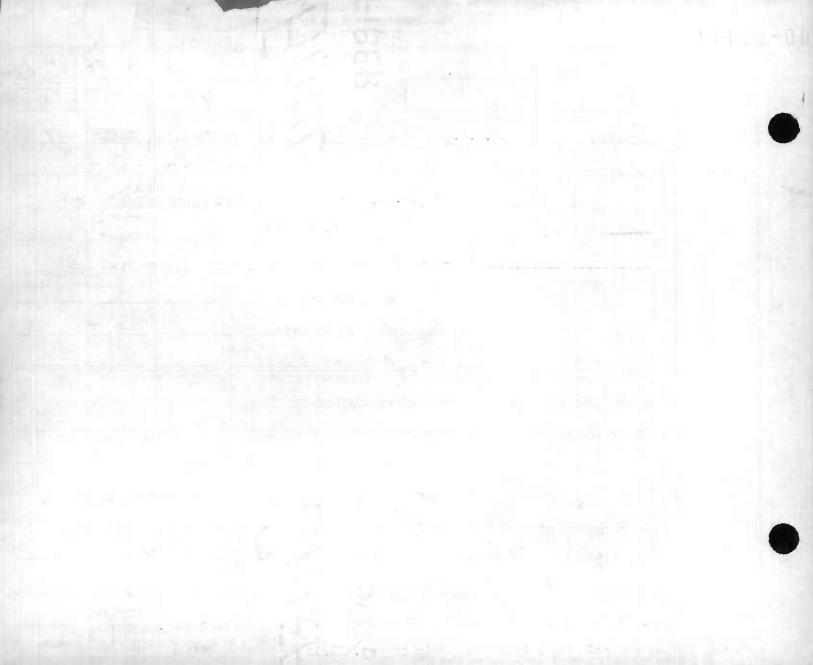
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moy be page 3		JOSE	PH			RRA		ULY 26	1986	9:00 Pm
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die ges		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORMANT	AD	DRESS		XI-FI
Pogo e se		No	THE WAR ON DATEST	215-12-	9688	Robert	J. Tara	Bal	to.,N	ld.
ING PHYSICIAN: The low requires that the death certificate be exect attending physician. When this certificate has been signed by the attending physician and os the burial-transit permit. Then please remove carban papers. Pages than and Mental Hygiene prior to burial, cremotian, or removal. Orked or Item 18 shows any injury, or ather traumatic event, the medic	CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT PVD 19a DATE OF OPERATION	CONDITIONS CO		DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR C	20b. IF YES,	WERE FINDI	NGS USED
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(VRA 15, 4)



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Z		Medal.	stribus)	PHYSICIAN		IAN DO
IMPORTANT		FRICHELLU J	1	22e ADDRESS		
, ₃ ≧	23a. E	BURIAL, CREMATION, REMOVA	AL 23b. DATE	230 NAME OF CEMETERY OR CREMATOR	RY 23d. LOCATION	COLUM
		Burial	6/13/86	Arbutus Mem Park	Dalad	Mary Tand State
50M 4/83	24 FI	UNERAL DIRECTOR		25a		TSH REGISTRAR'S SIGNATURE
5, 4)	Lar	Tuneral Home		ighte Ave 21215	UN 11 1996	a divident fredall.





	1	FOR	DEPAR	STATE OF MARY TMENT OF HEALTH AND		8 6	996	0
00-13652	1-	STATE REGISTRAR	DEFAR	CERTIFICATE OF		REG. NO.	*	. 14
10002		CEASED NAME FIRST	MIDDLE	LAST	2	DATE OF DEATH MON	1.	26. HOUR
dege 4		William		Tay for	DR.	+	153/86	12:45 M
d de de	1. SE	4. R.	ACE T	5. DATE OF BIRTH MONTH DAY	YEAR	AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
- de de Co	7a. BI		ITIZEN OF WHAT COUNTRY	5 17	- 9	BALTIMORE CITY OR CO	OUNTY OF DEATH	
1 16 0	W.	OUNTRY) OGINIA	VSA.	MARRIED LI NEVER	R MARRIED	CITY		MD
11/01	10. C	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURS	ING HOME OR OTHER IN	ISTITUTION 1	a. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WO		F BUSINESS OR
\$10 H			Francis Scott Ken	mid Ctr.	, ,	Rea_		
2 1 1 2 A	13a 3	AL RESIDENCE (IF NURSING HOME OR OTHE	13 CITY OR TO	WN 13d. INSIDE		e.STREET ADDRESS / ZII	P CODE 2/2/:	51
1 1121-	14 FA	THER'S NAME	1391+	YES YES	NO THE R'S MAIDEN NAME	2765 F. + 6	OYRAI	0,-
1 1860	W	a (Neh	Taile	n & An	PIRST	MIDDIE	Dicks	500
See.		VAS DECEASED EVER IN U.S. ARMED		URITY NO 17 INFORA	MANT	ADDRESS		
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IT. BAI		18 CAUSE OF DEATH (Enter only or PART I, DEATH WAS CAUSED BY IMMEDIATE CA	Ca-	Liorespirate	y an	ast		MATE INTERVAL DNSET AND DEATH
No en de constante			DUE TO, OR AS A CONSEC					
REST dess designations trausm		Canditians, if any, which gave rise to immediate	(b) me	tastatic L	unes car	cer		
W. P. Or the Common Com		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ	UENCE OF				
201 pleo		PART 2 OTHER SIGNIFICANT CON	(c) DITIONS CONTRIBUTING TO	DEATH BUT NOT RELATI	ED TO THE TERMIN	AL DISEASE OR CONDITION	ON GIVEN IN PART 114	71
RDS There of the state of the s	No.	nou	ne -			V		
ST COLOR	JCAT	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERF	FORMED		Ib. IF YES, WERE FINDING CAUSES	
TAL TAL	CERTIF	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21. 404	MILLIPY OCCUPATION	YES NO	YES 🗌	NO 🗌
Water of the Control	-0.1	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	A//a	(ENTER NATURE OF INJURY IN	ITEM IB PART (OR PART ?)	
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A OR A DIRECTOR OF THE PROPERTY OF THE PROPERT		226. SIGNATURE Reduct So	Edy MD, Ph	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/2	3/86
PENER DI LA SELVER SELV		224. PHYSICIAN'S NAME (TYPE OF PRIN		22e ADDR			1	
54 54 X			udy MD, Phs			Francis Scot	I key med	CTV
BP	15	BURI PION, REMOVAL 2	2 129/86 1	NAME OF CEMETERY OF	all Later	23d LOCATION CITY OR TOWN	COUNTY	MAD
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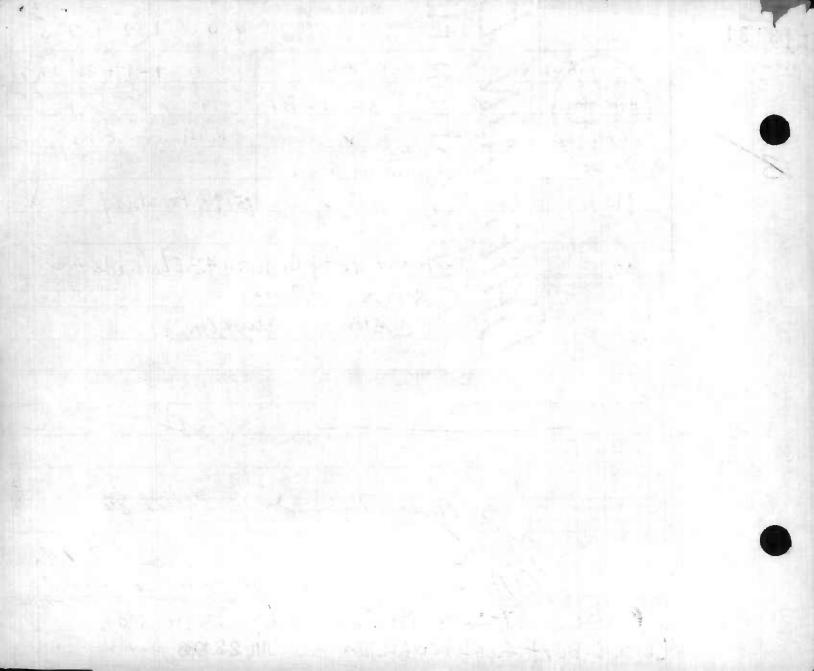
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	9	18.5. % L	(TV)	E OR PRINT)	JOSEPH	F_{\bullet}	TEMPI	E , Jr		OF ESTI- DEATH MATED	□ 7-26-	-8619	
	N E	50 m 5 m	3 SE	4 RACE	5 DATE OF BIRTH		EARS IF UN			2c DATE	MONTH	DAY YEAR	24 HOUR
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	9	DANN.	4	Baltimore		Hospital				Laborer	- Car	orindus	etion
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	MD.		14. F	THER'S NAME	WIDDLE	LAST		15. MOTHER'S M.		AJDQIM		LAST	
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	ST.,	5 ∞ 3 F. O	1"	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED		far (a), (b), and (c).)	1					BETWEEN ONS	
	NO	ITEM 18. LONG W PERMIT. GIENE, D		IMMEDIA	E CAUSE (a)	Narcot AS A CONSEQUENCE		3 0					
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	102	SOBE EXECUTED WITHIN AS ENDERGY IN PENCIL IN IT WEDICAL EXAMINER ALC AS A BURIAL-TRANSIT P ALTH AND MENTAL HYG CREMATION, OR REMOV		lying cause last.	(4)	AS A CONSCOURNCE	Oi .					100	
	DS.	ANDAND		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN	IN PART 1 (d)				
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	OF	NEN PER WEN	4 8	210 EXTERNAL CAUSE WAS	21b. TIME OF HOUR A.M	MONTH DAY YEA	R			NATURE OF INJURY IN ITE	M 18 PART I OR PART	2)	
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		CERTIFICATION BE FOR UNITY THE WARYLAND	10	death resulted fram: Natur	al causes .	Accident , S	uicide	Hamicide L		ermined manner	<u> </u>		
	3	¥. ₹		ACTUAL VALA	to moul	all		Assista			DATE "	7-26-86	5
		SEA SEA	7/	SIGNATURE MUULA	4.0	20-	M.	0. 1100100	MED.	ICAL EXAMINER	SIGNED	20 00	
		IO MEDICAL EXAMINES: PECCUT THE CERTIFICATE, PAGE 4, SHOULD BE FORM TO FUNKRAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALLIMORE, MARYLAND, 2		(TYPE OR PRINT)	Margarit	a A. Korel	L.M.D.	DDRESS	111 F	Penn Stree	et		
	5	SASTER.	23a E	URIAL, CREMATION, REMOVAL 2	36 DATE	23c NAME OF CE	METERY OF	CREMATORY	[23d. LO	CATION		Y	STATE
	7/84	BP 2-35		Burial	7/29/86	Cedar	Hill	Cemete	ry G	lenBurn	ie, Mo	rylar	ıd
2.	5M	DHMH - 17	24 F	uneral directorSterl 6 Edmondson	ing Fune	ral Esta	te, I	A 250. DA	H 2 A	REGISTRAR 756 R	EGISTRAR'S SIC	NATURE	K
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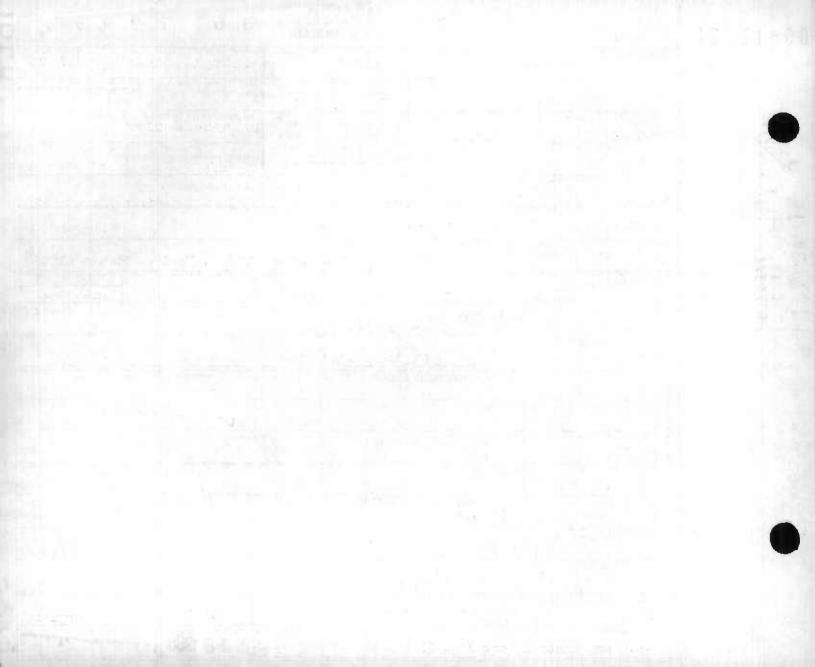
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) 100 am 3. SEX RACI 6 AGE LINYEARS LAST BIRTHEAY 41 female aucastan BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN NEVER MARRIED Md. Y OR TOWN OF DEATH MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR waiTres restaurant 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS & ZIP CODE First NO X FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE nna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATES! 236 Vernon C. Thacker (same as 13E) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY: 40 min 04010 IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NOF NO riol-transit ental Hygie 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED ATURE OF INJURY IN ITEM 18 PART 1 O PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M Š 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC) CITY OR TOWN COUNTY STATE NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from sow the deceased alive on _____ above, (1) (we) (did) (did not) and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL should be deta PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e ADDRESS IMPORT 300 231 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATIO 236 DATE N. REMOVAL Glen Burnie (SPECIFY) 7/7/86 Glen Haven M'd'. burial 24 FUNERAL DIRECTOR 250. DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 who Davidson-fring J. Gonce (VRA 15, 4)

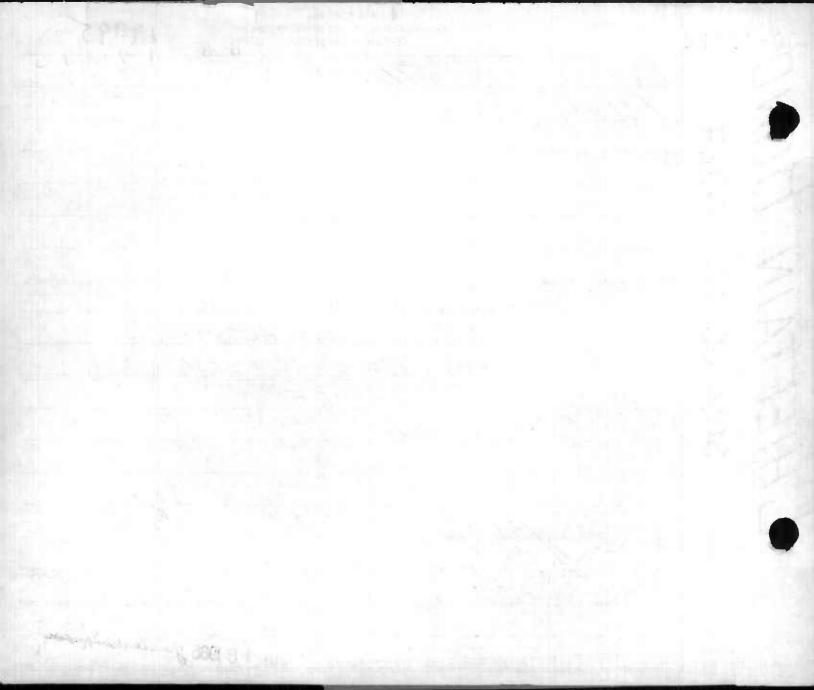
And Andrew Control of the Angel

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 72N. Home - STATE CERTIFICATE OF DEATH REGISTRAR Liberty Hatt DECEASED NAME REG. NO. 20 DATE OF DEATH MONTH TYPE OR PRINTI 1215 ANNA Thomas 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR F UNDER 24 HRS YEAR Femala 29 0" O. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED UNKNOWN WIDOWED DIVORCED [Baltimore 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bathmore ikaland Homa JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d INSIDE LITY LIMITS? 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 18 CAUSE OF DEATH Enter only one cause per line forum, (b PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEO Conditions, if any, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO P 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC. STREET STATE WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the decrased from sow the deceased alive on and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not view (1) halfe atte 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME THE 22e ADDRESS 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY DHMH- 16 50M 1/B1 (VRA 15, 4)

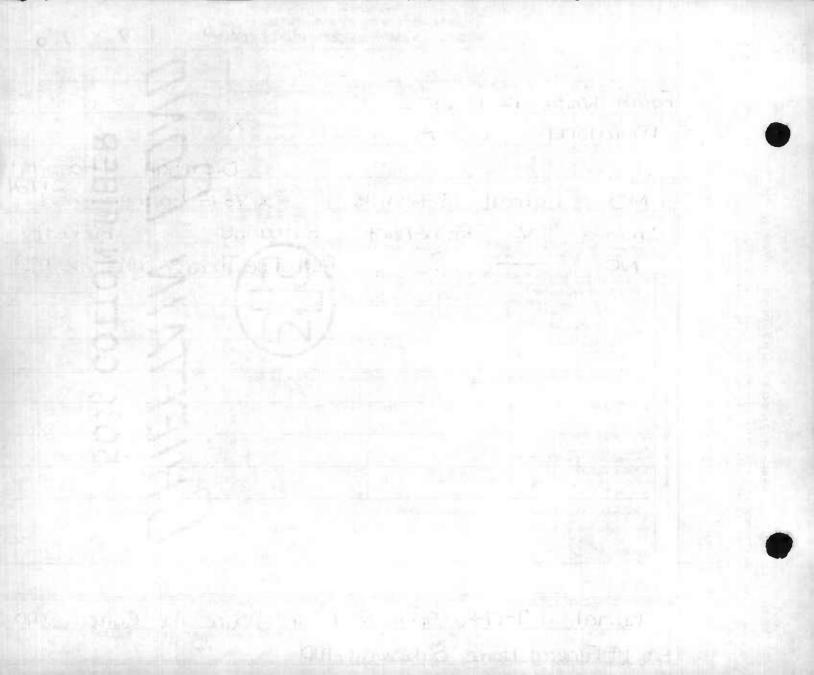


ECEASED NAME FRST DENT BENT BIRTHPLACE (STATE OR FOREIGN	4 RACE	THOMAS	JULY 16, 198	6 26 HOUR 11:30
F				
BIRTHPLACE (STATE OR FOREIGN	В	5 DATE OF BIRTH MONTH DAY YEAR 7 3 61		IF UNDER LYEAR IF UNDER 24 HA
aryland	76. CITIZEN OF WHAT COU	WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY BALTIMORE CIT	
ALTIMORE	'J'OHYS' CHOT	NURSING HOME OR OTHER INSTITUTION FROM THE STATE OF THE S	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE 1/a	126 KIND OF BUSINESS (INDUSTRY
	ITY I3c. CITY O	timore YES X NO []	13e STREET ADDRESS / ZIP CODE 2325 East Madisc	
Charles	Th		WIDDLE	Musgrove
	E WAR OR DATES)			Street 21205
underlying cause last.	(c)	MUNIA I ALIMA IG TO DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 200. IF YES, IN CERTIFY	EN IN PART 110-
OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR		
HILE NOT WHILE AF WORK	(AT HOME STREET, FACTORY,	OFFICE FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive an	7/16/86	, and that in (my) (aur) apinia DEGREE ATTENDING	n death occurred on the date and hour	and from the causes stated
Theod	ore Marke	uney 220 ADDRESS	4	
BURIAL, CREMATION, REMOVAL SPECT STATEMENT OF THE STATEME	7/21/86	230 NAME OF CEMETERY OF CREMATORY Eastview	Baltimore	COUNTY STATE
	STATE 13b COUNTY 12nd 12nd 13b COUNTY 12nd 12nd 13b COUNTY 12nd 12nd 12nd 12nd 12nd 12nd 12nd 12nd	STATE 136 COUNTY BR. 136. CITY O BR. 136. SOLID BR. 136. S	Baltimore ATHER'S NAME THOMAS THOMA	ALRESIDENCE (# MURISMO GONDE OR COLURE NOTIFICIAL PROPERTY NOTIFICATION OF CONTROLLING COUNTY 136 COUNTY





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a a			18 CAUSE O	F DEATH (Enter only	v one cause r	per line for	(a) (b)	and (c))		1,011	GILLI	<u> </u>	KLI		2.1		PPROXIMATE	
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5		/	915	IMMEDIAT	E CAUSE (a).			EQUENCE O		CS		-				-		
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RECORDS, 201 W.	D=W=00				(c)													
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0	REAL SANDER	l ŏ l																
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Z	SHOW STAN	¥	UNDERLYING	G ☐ CAUSE OF D			ONTH 1	13 19 86		ssenge							nact	
Sio	SHOOL	음	21d INJURY C			LACE OF I				SSELIGE	er TII	LLUC	V/TI	.xeu (ob Jec	L III	pact	
DIVISION OF VITAL	S S S S S S S S S S S S S S S S S S S	1 2	WHILE AT WORK	NOT WHILE	STOP	EET, FACTORY,	FARM, ETC		51	TREET	.,		CITY OR TO			COUNTY		STATE
	RE: THIS CERTIFICATE SHOULD BATE, WRITING THE WORD "PEN DRWARDED TO THE CHIEF M. RE PAGE 3 SHOULD BE USED A RESTATE DEPARTMENT OF HEAD OF 21201 PRIOR TO BURIAL, C.		AT WORK	AT WORK		ro	ad_		Rt.		orth c	ot Ma	arric	ttsv.	ille	Rd, H	oward	CO,MD
	ATE OR S		22a I certif	y that I taak charge	of the rema	ins describ	ed obove	e, held an	Autops	<u>y X</u>	Inspection		Inquiry		ond in my	opinion		
	AND TO THE OWNER OF THE OWNER OW		death resulte	ed from: Nature	al causes	, Ac	cident	X Suic		Hamicio	de .	Undeter	mined mi	onner [1.			
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	N C C C C C C C C C C C C C C C C C C C		EXAMINER'S	NAME Will	liam M	. ZAN	E, M	.D.		Doness	111	Penr	st.	Ba	lto.M	D.		
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH WITH THE ST BARTIMORE, MARCHING 2	730 BI		ION, REMOVAL 23						ADDRESS		[23d. LOC					-	
		(SF	ECIPALIT	ial	7-17	1-01	SC	ME OF CEM	nelo	Cern	etant	CITY OF	RIOWN	illa	0 00	YTHUO	1 st	AND.
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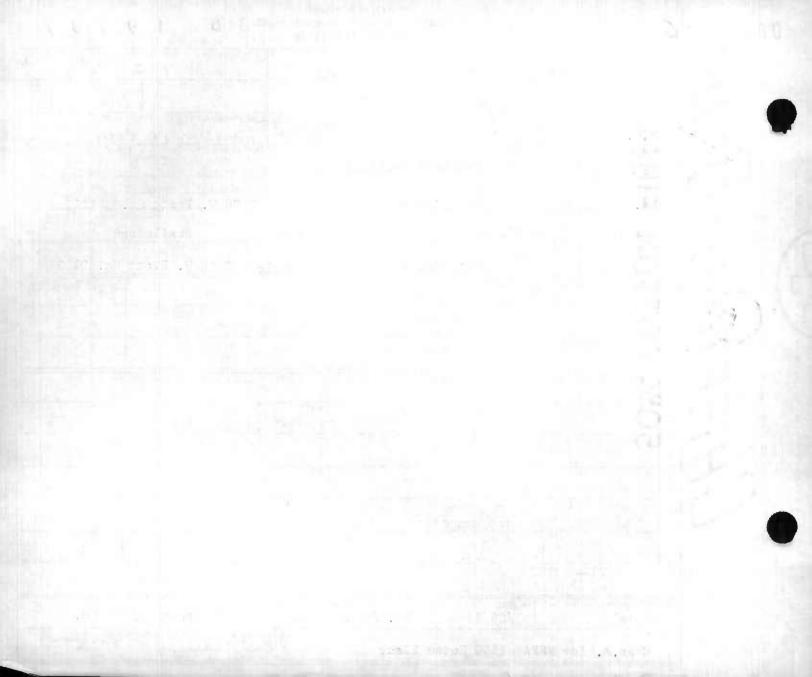
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STATE OF MARYLAND

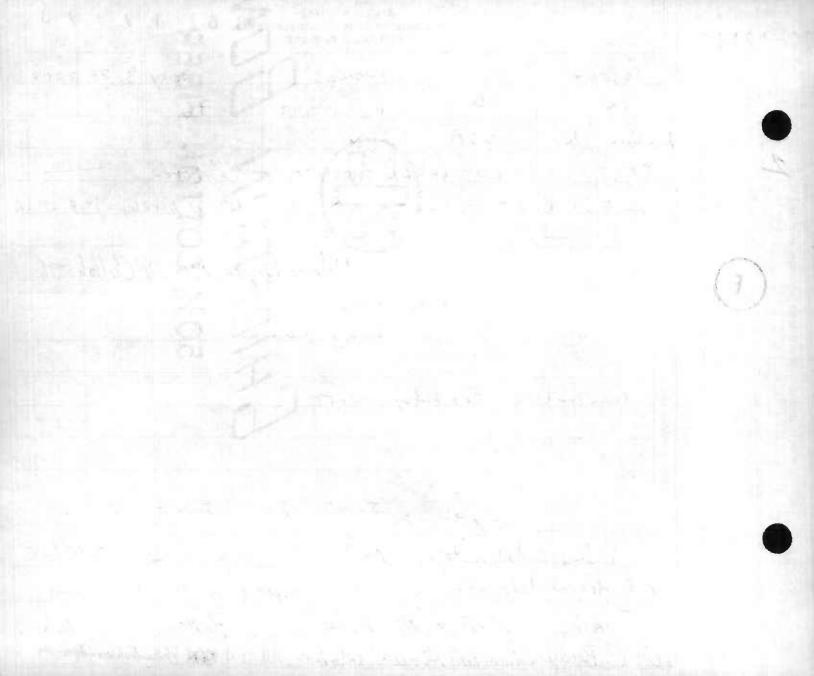
DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

		EASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
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3	5EX		RACE	0. 0.1	6. AGE (IN YEARS LAST BIRT	_	IF UNDER I YEAR	
7		Eemale	Black	3/22/06 YEAR	79	YRS.	ONTHS DAYS	HOURS MIN.
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1		S.C.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltim	ore	City	MD
H		VORTOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET BON Secouurs	IG HOME OR OTHER INSTITUTION ADDRESS) Hospital	170 USUAL OCCUPATION			OF BUSINESS OR
		L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE	N 134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		
4		Md.	Baltimo			ratt S	t. 21	223
1	4.FA		railsford LAST	15. MOTHER'S MAIDEN NAM Jo Anna	MIDDLE	railsf	ord	ast
16	60 W	AS DECEASED EVER IN U.S. ARA		IRITY NO. 17 INFORMANT	ADDRE	SS		
	(4)	NO OR UNKNOWN) (IF YES, GIVE	213-34-	7103 Arthur Butl	er 2528 W.	Prat		
Г	П	18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), on	dic.			APPRO: BETWEEN	MATE INTERVAL
-1		PART I. DEATH WAS CAUSED		great Concer			71	Pan
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF				
	NOI	gave rise to immediate cause (a), stating the underlying cause last.	(c)	ENCE OF DEATH BUT NOT RELATED TO THE TERMI	nal disease or conf	DITION GIVE	N IN PART I	10
	THCATION	gave rise to immediate cause (a), stating the underlying cause last.	ONDITIONS CONTRIBUTING TO		200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FIND!	INGS USED S OF DEATH?
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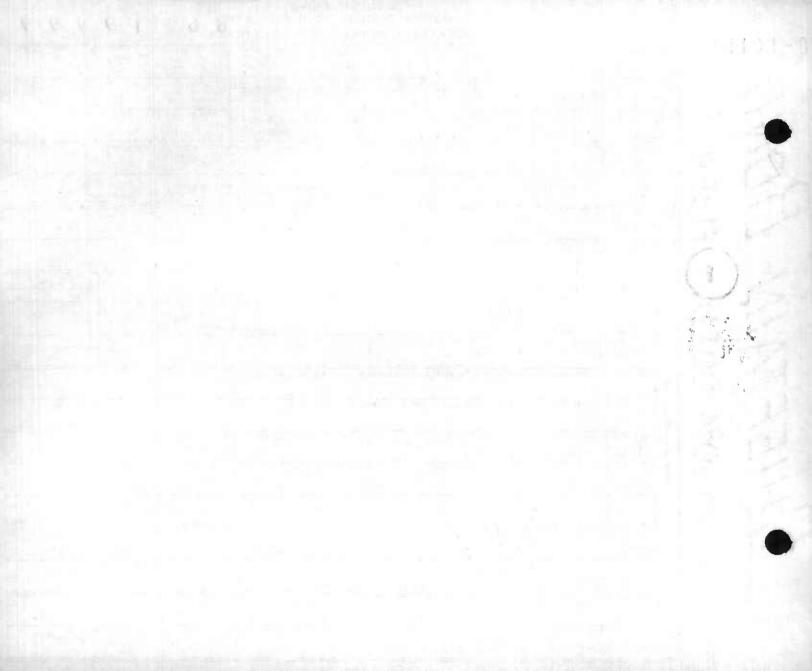
Chas. A. Rice FSPA 1300 Eufaw Place

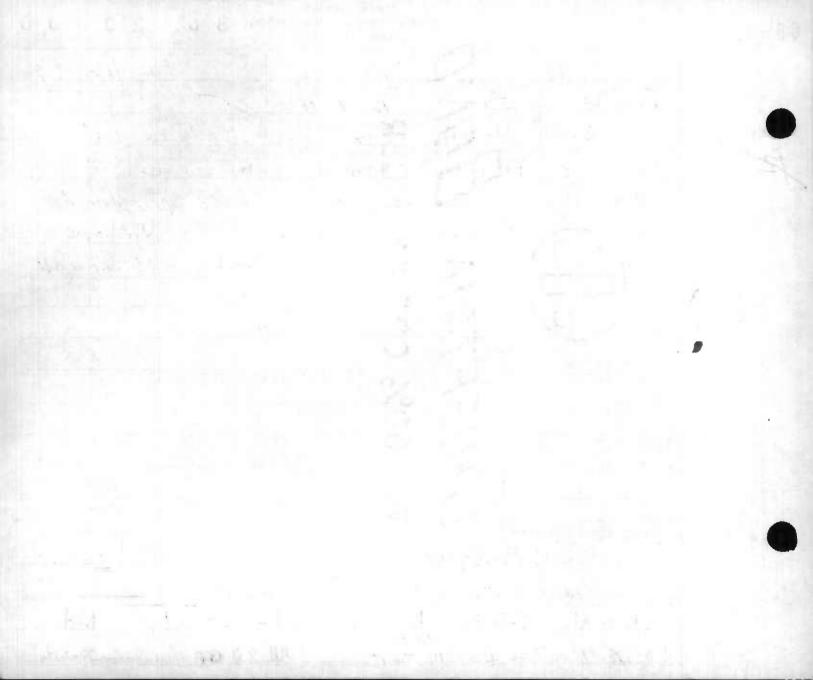


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OR CONTRIBUTING CAUSE OF DEATH PETHER NOTIFY MEDICAL EXAMINER P.M. 19	144	HE	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOV	V INJURY OCCURRE			
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220.1 certify that (I) (this hospital) attended the deceased from 220.1 certify that (I) (this hospital) attended the deceased from 320.1 certify that (I) (this hospital) attended the deceased from 320.1 certify that (I) (this hospital) attended the deceased from 320.1 certify that (I) (this hospital) attended the deceased from 320.1 certify that (I) (this hospital) attended the deceased from 320.1 certify that (I) (this hospital) attended the deceased from 320.1 certify that (I) (this hospital) attended the deceased from 320.1 certify that (I) (this hospital) attended the deceased from 320.1 certify that (I) (this hospital) attended the deceased from 320.1 certify that (I) (this hospital) attended the deceased from 320.1 certify that (I) (this hospital) attended the deceased from 320.1 certify that (I) (this hospital) attended the deceased from 320.1 certify that (I) (this hospital) attended the deceased from 320.1 certify that (I) (this hospital) attended the deceased from 320.1 certify that (I) (this hospital) attended the deceased from 320.1 certify that (I) (this hospital) attended the deceased from 320.1 certify that (I) (this hospital) attended the deceased from 320.2 certify that (I) (this hospital) attended the deceased from 320.2 certify that (I) (this hospital) attended the deceased from 320.2 certify that (I) (this hospital) attended the deceased from 320.2 certify that (I) (this hospital) attended the deceased from 320.2 certify that (I) (this hospital) attended the deceased from 320.2 certify that (I) (this hospital) attended the deceased from 320.2 certify that (I) (this hospital) attended the deceased from 320.2 certify that (I) (this hospital) attended to the deceased from 320.2 certify that (I) (this hospital) attended to the deceased from 320.2 certify that (I) (this hospital) attended to the deceased from 320.2 certify that (I) (this hospital) attended to the deceased from 320.2 certify that (I) (this hospital) attended to the deceas	W /	H			211. LOC	ATION			
226.1 certify that (1) (this hospital) attended the deceased from	pun pun	×	HOT WHILE	(AT HOME STREET, FACTOR)	Y, OFFICE FARM, ETC.)	TREET	CITY OR TOWN	COUNTY	STATE
saw the deceased alive an obove, (1) (we) (did) (did) view the body after death. 27b. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 27c. DATE SIGNED 27c. DATE	40 10		-	ospital) attended the decease	d from July	19.26	to July	9 19 86	_, that (f) (we) last
2726. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 2726. ADDRESS 2726. ADDRES	24.6		saw the deceased alive	on July 9	19 DG and that in (my) (our) opinian de	eath occurred on the date		
PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DI	77.5	I B		view the bady after deat				22c. DA	TE SIGNED
226. PHYSICIAN'S NAME (TYPE OR PRINT) 226. ADDRESS 5605 Copper Fider 16 236. BURIAL CREMATION, REMOVAL 238. DATE 236. BURIAL CREMATION, REMOVAL 238. DATE 236. NAME OF CEMETERY OR CREMATORY (SPECIFY) 236. DATE REC'D. BY REGISTRAR' 258. REGISTRAR'S SIGNATURE 16 60M 7/84	100		a la) Wo to	- MD			7	19/86
(SPECIFY) DATA 7-9-86 MH. ZON 250 DATE REC'D. BY NEGISTRAR' 250. REGISTRAR'S SIGNATURE	TA DE		224. PHYSICIAN'S NAME (TY	PE OR PRINT)	22e ADD		DIRECTOR THISICIA		1 660
(SPECIFI) JURIA 17-19-86 MH. ZION 256 DATE REC'D. W. NEGISTRAR 256. REGISTRAR'S SIGNATURE	b the		Andrew	Weinstp	660	5 Cooper	Edon De	B-(+)	had.
16 60M 7/84 24 FUNERAL DIRECTOR 25 DATE REC'D. BY MEGISTRAR 255. REGISTRAR'S SIGNATURE	5 4 ½ ¥	23a. E	BURIAL CREMATION, REMOV	AL 23b. DATE			23d LOCATION	1	1
24 FUNERAT DIRECTOR 16 60M 7/84 250 DATE REC'D. BY NEGISTRAR' 250. REGISTRAR'S SIGNATURE			SPECIFY BUDIN	100	my -		Rotto	COUNTY	mariate
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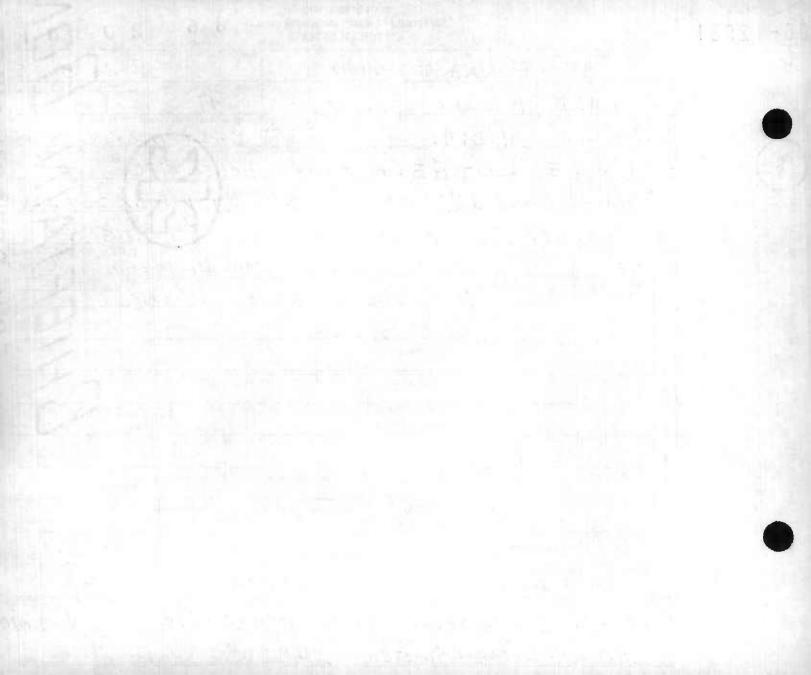


						STATE OF	MARYLAND					
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1		Curtis		MIDDLE	Thompso	n	Mary		WIDDLE		Dye	
1	160. V	AS DECEASED	EVER IN U.S. ARM			SECURITY NO.	17. INFORMA		ADDRE	SS	Dye	
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ŀ			DEATH (Enter only	y one couse per line			1		. 2000		APPROXIMA	ATE INTERVAL
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ı			stating the <u>under-</u>	< ,	AS A CONSEC	UENCE OF				2.170		
		lying coos	e iosi.	(c)								
1	_	PART 2 OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED T	THE TERMINAL DISEA	ISE DR CONDITION GI	VEN IN PART 1 to				
	CERTIFICATION	10.00	2252.5.2									
ı	ICA	19a. DATE OF	SPERATION	196. CONDI	ION FOR WHI	CH OPERATION V	WAS PERFORME	:D?			20 AUTOPS	
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				e of the remayns des	cribed obave, h	eld an Auto	7	nspection,	Inquiry L.	and in my op	Dinion	
		death resulter	d from: Nature	auses A.	Accident	, Suicide	, Hamicide		termined manner	١.		
		F157 11		111	1		TITLE (SPEC				7/21	1/86
		ACTUAL		X	/		Acc:	- 4 7 M 4-		DATE		
		ACTUAL SIGNATURE_		X	V	/	M.D. ASSI	stant MED	OICAL EXAMINER	SIGNE	7/31	1,00
	1	EXAMINER'S	NAME Gre	egory R.	Kauffma					SIGNE	_D //31	1700
	23a.B	EXAMINER'S N (TYPE OR PRIN URIAL CREMAT	JAME Gre	egory R.			_ADDRESS	111	Penn St.	SIGNE		
	230.B	EXAMINER'S N (TYPE OR PRIN	T) Gre		23c. NAM	n, M.D.	ADDRESSOR CREMATORY	111	Penn St.	SIGNE		Mã.



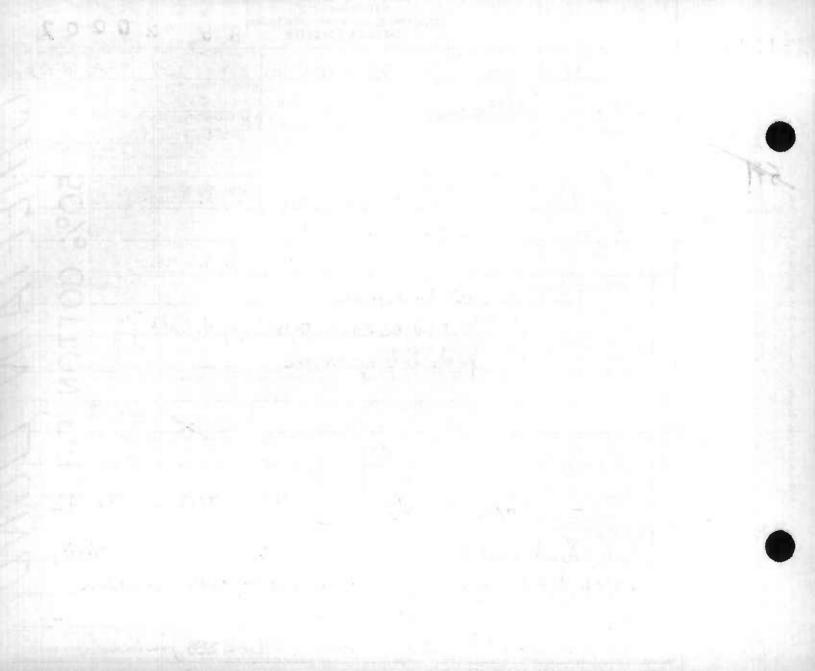


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE -1293 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2ª DATE OF DEATH MONTH 2b HOUR ZMMA THOMPSION 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 9. BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY FATHER'S NAME 15. MOTHER'S MAIDEN NAME INFORMAN1 HEYES GIVE WAR OR DATES! 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO T 218. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE STREET (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE AL WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death. 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS HOSPITAL 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE DHMH - 16 60M 7/84 (VRA 15, 4)

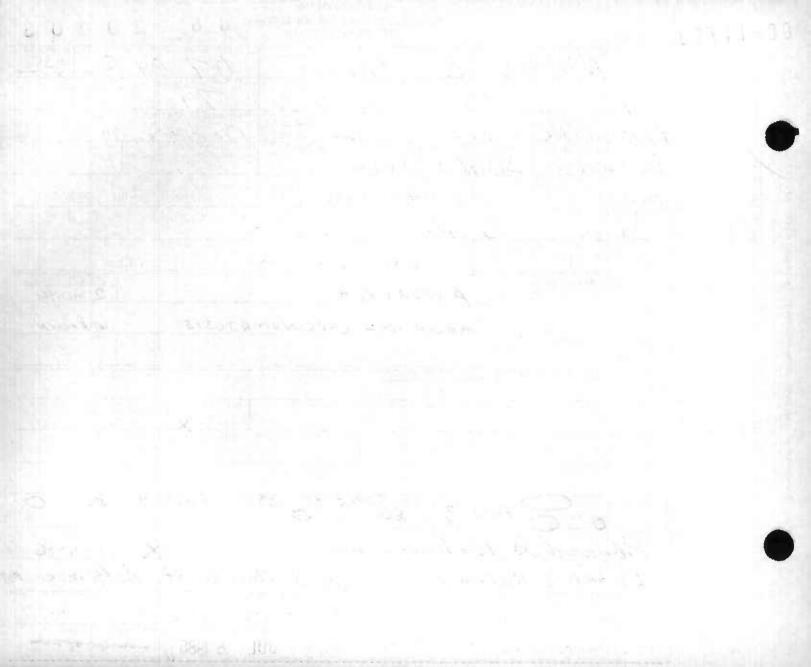


DIVISION OF VITAL RECORDS.

STATE OF MARYLAND



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	్ ఒే			CEASED NAME FIRST OR PRINT)	MIDDLE	1	Sve - /	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
-	poge 3		3. SE)		14. RACE	5. DATE C	LE RIDTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNIE	DER I YEAR IF UNDER 24 HRS
1	tor. p		3. SE	7	I. RACE	MONTH		75	MONTHS	
	direc	7	7a. BI	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COU	NTRY? 8.	8 14 11 -	9. BALTIMORE CITY O	R COUNTY OF D	EATH
	erol 72 h	Conce	P	ockshord NC	U.S.A.	MARRIE	D NEVER MARRIED U	Balting	ore M	MD.
	e for	led o	10. CI	TY OR TOWN OF DEATH		VURSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATION	ON 12t	B. KIND OF BUSINESS OR
5 5	by th	- Single	L	altimore	John L)-la	fon	UNEMPLO	YED	DOSIKI
210	led in	stbe	130. 9	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	JNTY 13c. CITY O		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	01005
AN	y fille	E		aryland	Balt	cimore	YES XX NO []	710 Whart	on Court	21205
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND	a with npletel ond 2 s	Common Co	14. FA	THER'S NAME FIRST	MIDDLE BOOM	K _{ST}	Riva	MIDDLE	CI	aire
A,		<u> </u>	16a. V	Jaynes VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRE		dire
MOM	ond Poges	medico	9	(IF YES, C	give war or dates) 218-	-01-1088	Jeanette Bro	wn 710 Wha	rton Cou	ırt
MALT	siciol	t, the		18 CAUSE OF DEATH (Enter	only one couse per line for (o),	(b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	phy on po	event, the		PART I. DEATH WAS CAUS	ATE CAUSE (o)	VOREX	14	The second		2 months
NO :	nding corb	notic		- 2	DUE TO, OR AS A COM	SEQUENCE OF	0000101010	-170515		con known
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RDS	requir	injury.	CERTIFICATION	BY NEW YORK						
ECO	s bee	Sony	S.	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
IAL B	The cion.	Show	FE		D AN THAT OF BUILDING		121- HOW MINDY OCCUPA	YES NO	YES 🗌	NO 🗌
> 1	physi ificol	tentol Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH 216 TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCURI	CED (ENTER NATURE OF INJUI	LY IN ITEM 18 PART 1 C	OR PART 2)
0	Ing I		MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	P.M. 21e. PLACE OF INJURY	19	ZII LOCATION			
OISI	ortend er this	ond M	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN C	COUNTY STATE
5	or o Afte	mork		22a 1 certify that (1) this has	pito ottended the deceased	from JL	NE 3019 88	_ to JUL	y y 19	that (I) we past
	TOR	of He 21 is			TULY 3		nd that in (my) opinion	death occurred on the do	ate and hour and	
	ok A DIREC	Hem Hem		22b. SIGNATURE	0.0		DEGREE			22c. DATE SIGNED
		Stote D ANT: If		Edward	& ruch	nan		MEDICAL STAF	TANK	7-4-86
	HOSPITAL ned by 11 FUNERAL uld be det	RT		EDWARD G			22e ADDRESS	harles St	+ Bas	Himore M
	TO F	IMPO IMPO	22-			122 NAME OF A	10.7	Trad LOCATION	. //	7
27	BP		730	BURIAL, CREMATION, REMOVA	7/9/86		calvary Cemete	CITY OF TOWN	ndel Co.	Md . STATE
		3/4	-	UNERAL DIRECTOR	173700	Thount C		E REC'D. BY REGISTRAR	25b. REGISTRAR'S	SSIGNATURE
D	VRA 15			March Funeral	Homes 1101 E	ast North			July was should	ason-Mandalle



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

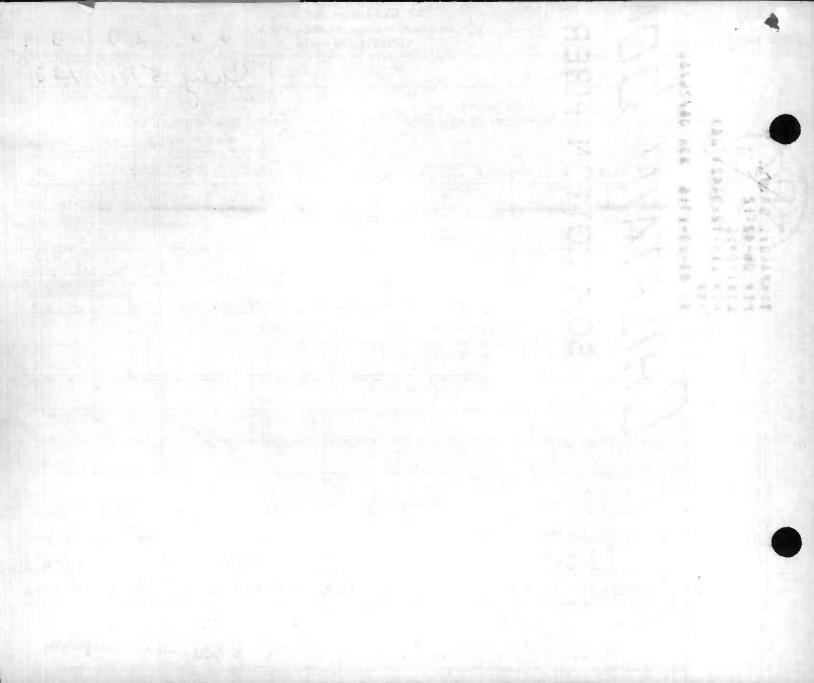
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 6 REG. NO. 2000

101		CEASED NAME OR PRINT)	FIRST		AIDDLE		nPAKO	V	20 DAY	ly	STH I	1986	26. HOU	A M
100) SEX	MANE	1	0	casiim	S. DATE O	DAY	YEAR 1916	6 A CHITE	100	YRS	IF UNDER I YEAR	IF UNDER	P4 HRS MIN.
3	E	RTHPLACE (STATE OR FI	nH.	L CITIZEN OF	SA.	MARRIED		ORCED		AT Tim	ort	city		MD.
10	0	ANTIMIRE		I NAME OF I	HEACILITY GIVES	RSING HOME OF		HUST AM	Trans1			ier KIND C		
9	200	NEW YORK	NO HOME OF COLUMN		BROOKL	efore admissioni OWN YN	136. INSIDE CIT YES [ио		DDRESS / Z			Bklyr	ı,NY
73	T. FA	MAX	M	IDDLE 7	ГОМРАКО	V	15 MOTHER'S	REBEC		WIDDLE		SA	CKS	y/ 14
W	6a W	VAS DECEASED EVER ES NO OR UNKNOWN) (ES		NED FORCES? WAR OR DATES! -ARMY	16b SOCIAL S 215-12		SYLVAL		AKOV 31	FARM		E CT. B	(2120 ALTO	,
N 2 M	30	18 CAUSE OF DEATH PART I. DEATH W	I rEnter only AS CAUSED	BY:	_	STATIO	20101	sic c	CARCIN	Jom A		APPROX BETWEEN	MATE INTER	VAI DEATH
Rose Committee	NOI	Conditions, if any, gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN	nediate g the last	(b)	R AS A CONSE	QUENCE OF	NOT RELATED Y	TO THE TERM	INAL DISEASE	OR CONDI	TION GIV	EN IN PART 11	2	
2	CERTIFICAT	19a DATE OF OPERAT	ION	19b. CONDI	TION FOR WH	IICH OPERATION	WAS PERFOR	MED	200 AUTO			, WERE FINDITY YING CAUSES S		H?
7	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING CO (IF ETHER NOTIFY MEDIC 21d. INJURY OCCURR ORE NOTIFY MEDIC 22a. I certify that Sow the decease above, Temps (we) (d 22b. SIGNATURE	AUSE OF DEAT AL EXAMINER) EED IIE (this hospitod dive andid) (and alive andid) (and alive and alive andid) (and alive andid) (and alive and alive aliv	21e PLACE (AT HOME STR	M. MONTH M. OF INJURY EET FACTORY OFF	9 21 . on	211 LOCATION STREET	N 19	MEDICAL	city or town	and have	COUNTY	that Z (v	
1		ESTREVITI	9 0	· Kn	1	,	276. ADDRESS	E HEB		RATRI	's ce	NTER +	Hosp	TAZ
		BURIAL CREMATION,	REMOVAL	7/6/86	5	OHEL Y	AAKOV CO		23d LOCA	TION BALTIM	ORE,	°MD'.	51	TATE

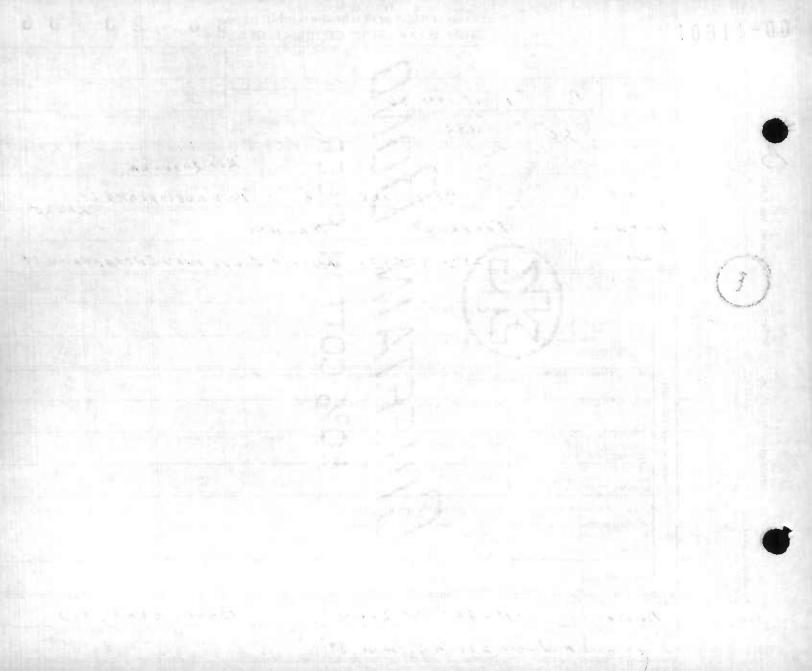
24 FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTON RD. BALTO MD. (21215)



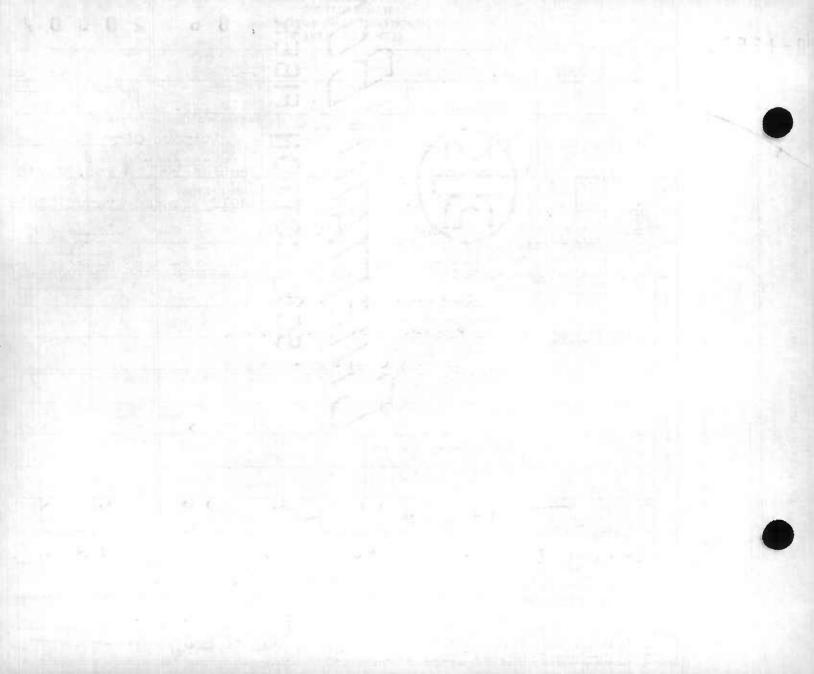
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nn by the fu	B,		I. NAME OF HOSPITAL, NI (IF NOT IN SUCH EACHLY GIVE OUTH RALT THER INSTITUTION, GIVE RESIDENCE		20 (In	k Drive	12b KIND OF E INDUSTRY Sealt	
LAND 213	130. STA	ATE MD 134 COUNTY	HORE BALT	TOWN 13d. INSIDE TY LI YES NO 15. MOTHER'S MA	312 W	ACHBUR	N AVE, &	21225
E, MARY coted with		LOGAN M	TON"	SECURITY NO. 17 INFORMANT	IRA	ADDRESS	Hus	HES
LTIMORE	(YES.	NO GRUNNOWN) (IF YES, GIVE V	W T 215-10)-4203 SAD	IE TONTZ	(WIFE)	SAME ADD	
ON ST., BA	118	B CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (0) CART	DIOR PUBLICIONA				HINUTES
in W. PRESTON that the death of the attendin sose remove cort ol, cremation, or r other traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) CEKE DUE TO, OR AS A CONS	SEQUENCE OF SEQUENCE OF	R ACCID	ENT		
requires en signed. Then plus or to burn, or injury, o				G TO DEATH BUT NOT RELATED TO T			GIVEN IN PART Ita	
DIVISION OF VITAL RECORDS, OREADING PHYSICIAN: The law require this certificate has been sign as the builditrons it permit. Then the ond Mental Hygiene prior to borked or them 18 shows any injury	RTIFIC	a DATE OF OPERATION		HICH OPERATION WAS PERFORMED	TES X	NO INC	- No. of	S USED F DEATH?
PHYSICIAN: andring physic this certificat the build-from ad Amental Hyy d or frem 18 s	CAL	IQ. ACCIDENT WAS UNDERLYING. WE CONTRIBUTING. CAUSE OF BEATH OF BITHER NOTEY MEDICAL ERAMINER.	P.M.	DAY YEAR	OCCURRED (ENTER N	ATURE OF THIS JEY IN ITS	W 18 PART I CAPART 21	
DIVISION DING PHY or attendit After this e as the bu	A	MA INJURY OCCURRED	214 PLACE OF INJURY (AT HOM), STREET, FACTORS OF		(1)	car de tawn	COUNTY	stati
ATTEND haspital or haspital or head for use the for use pt. of Head for use fem 21 is m		Is I certify that (I) (this hospital saw the deceased also Op- above, (I) (we) infed did not its SIGNATURE	the god offer death.	19 86 [and that in (my) por)	apinion death occurre	on the date and	to 0 0 0 the case	if (i) (we) last uses stated
Al O Al O Al O Al O Al O Al Di		MA PHYSICIAN S IFM		DEGREE ATTEN PHYS THE ADDRESS	NDING MEDICAL BICIAN DIRECTOR	STAFF PHYSICIAN	7/27	186
TO HOSPITA retoined by TO FUNER should be d with the Sto		A.L. RL	EIN MI		SOUTH HA		ST, BA	LT.
BP	(SPE	BURIAL	7/30/86	GARRISON FORE	ST OW]	INGS MI	LLS,	M D.
DHMH - 16 60M 7/84 (VRA 15, 4)	Z4 FUN	REAL DIRECTOR MUNEK 3331 Brehm	FUNERAL HQ s Lane, Ba	ME, INC. 1to. Md. 21213	22.00		GISTRAR'S SIGNATUR	

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00-11001		REGISTRAR		MEDICAL	EXAMINE	R'S CI	ERTIFICAT	TE OF DE	ATH	REG. NO.	11	13		į
		CEASED NAME FIRS	T	MIDDLE		L	AST		20 DATE K	NOWN X	HINOM	DAY	YEAR	26 HOUR
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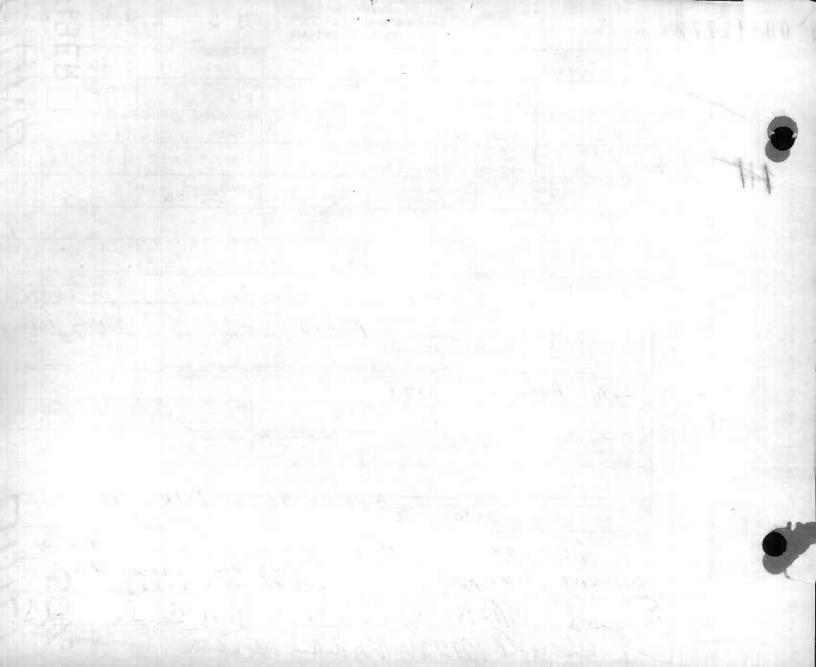
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DIVISION OF VIT	ond	ked	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	Y, OFFICE FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
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	REC REC	E		22b. SIGNATURE	view the body after deal	fh.	DEGREE		224. DATE SIGNED
	J 0	=		Paula mont 1	assembal	N	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	7-24-1986
	ned by the FUNERAL	ZT		22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)		22e ADDRESS	DIRECTOR PHISICIAN	-11700
	o HOSP eroined TO FUNI should b	MPORTAN		Dr. Carla	Rosenthal		Brehms Me	dical Center	
	5 5 5 4 3	2		URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION	101111
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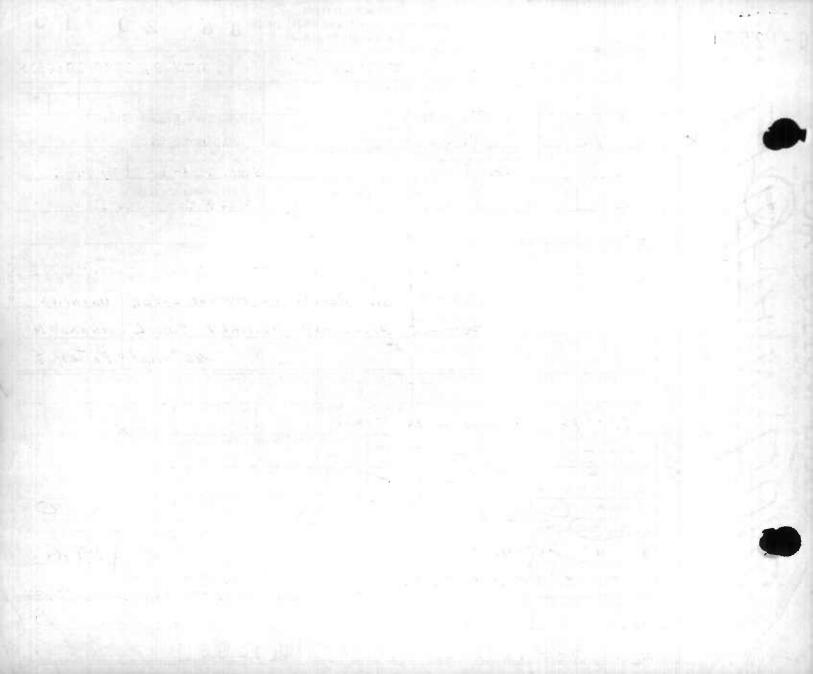
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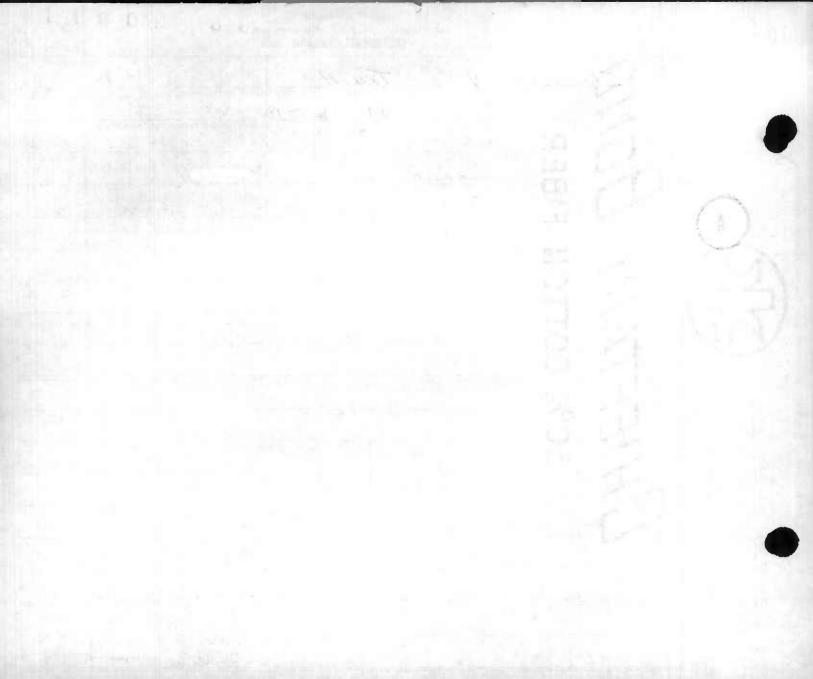
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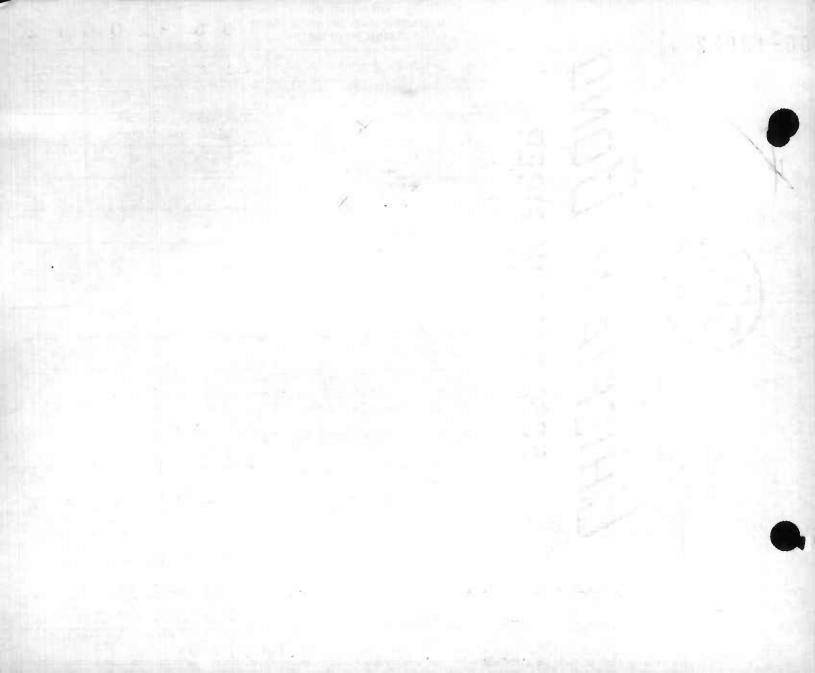


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DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

BURIAL

(SPECIFY)

23b. DATE

SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., 250 DATE REC'D BY REGISTRAR 254 REGISTRAR'S SIGNATURE AND JUL 15 9 1986 24 FUNERAL DIRECTOR

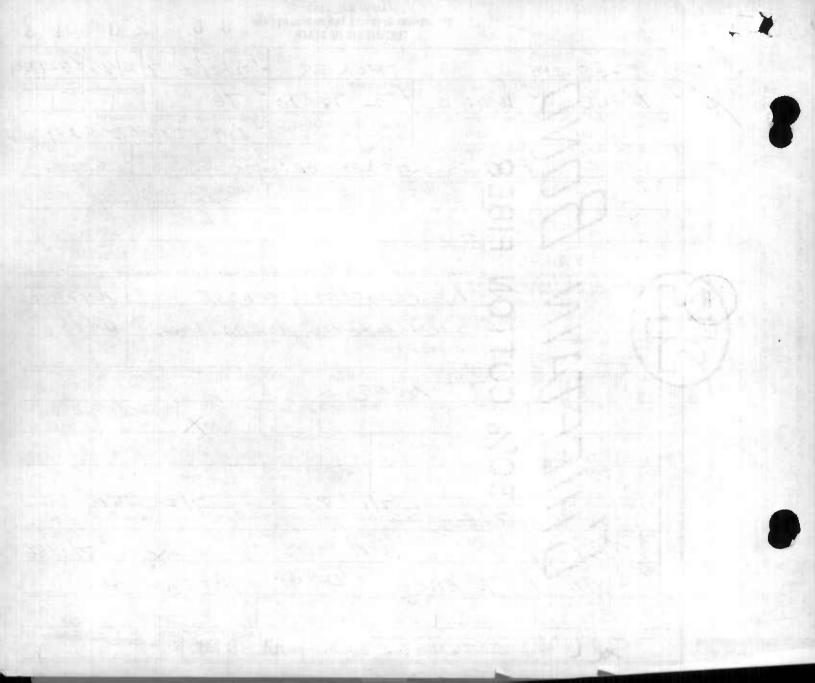
JULY 4, 1986 MIKRO KODESH-BETH ISRAEL

23c. NAME OF CEMETERY OR CREMATORY

STATE

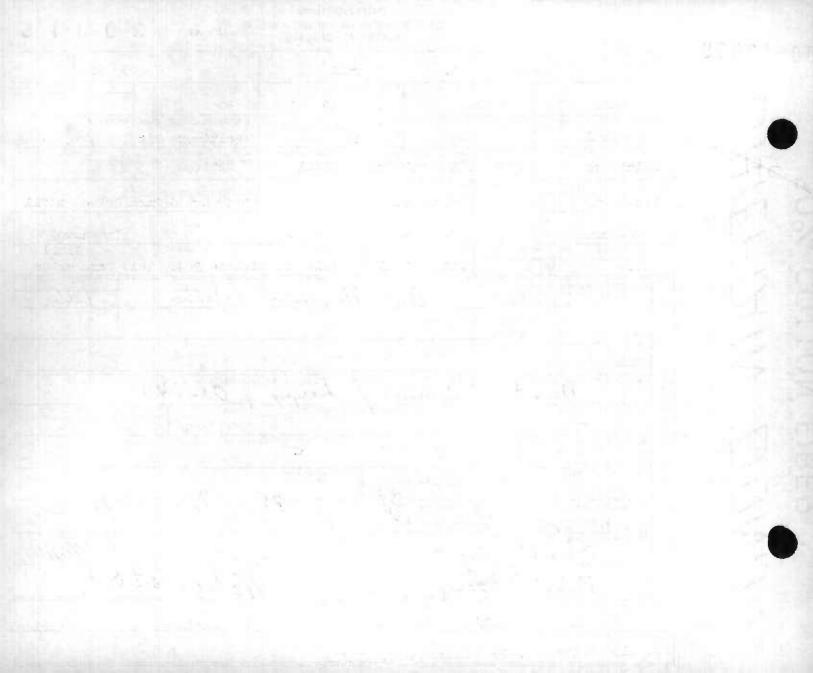
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BALTIMORE

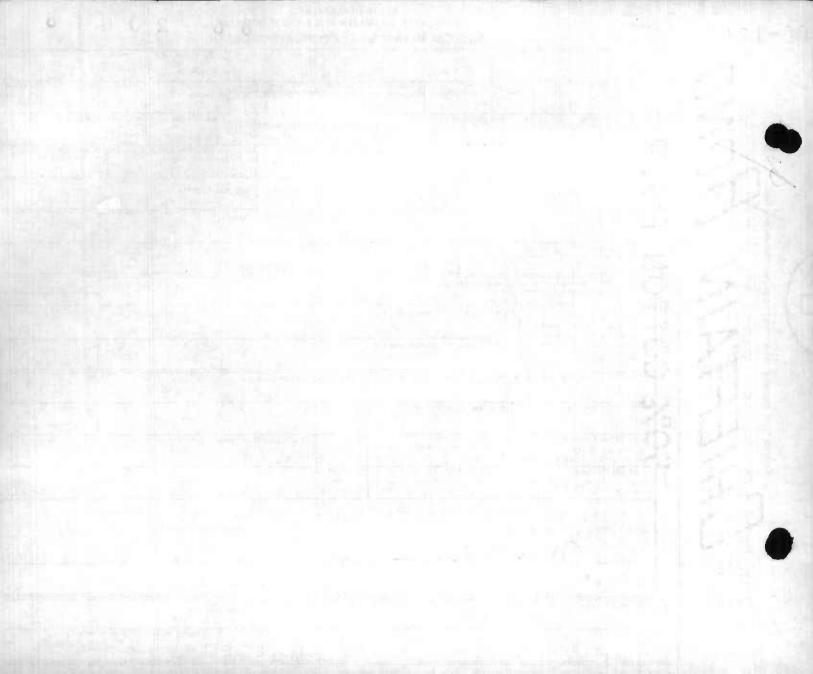


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MARYIA ed with	-	ATHER'S NAME George Tuckey	MIDDLE	LAST		15 MOTHER'S MAIDEN NAME Mary		HIS.	LAST	
in on Pagitti	16a V	VAS DECEASED EVER IN U.S. AR YES NO ORUNKNOWN) (IF YES, GIV NO	MED FORCES? E WAR OR DATES)	166 SOCIAL SECUI 216-44-3		17 INFORMANT Earl W. Tuck		ress inkside ore, Md		34
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLL NG PHYSICIAN: The low requires that the death certificate be executed with a oftending physician. When the lower content of the buriol-fronsit permit. Then please remove carbon popers. Page the non-content Hygiene prior to buriol, cremation, or removal. On the buriol shows only injury, or other traumatic event, the medical eminimation of the new page.	TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, O		NCE OF					
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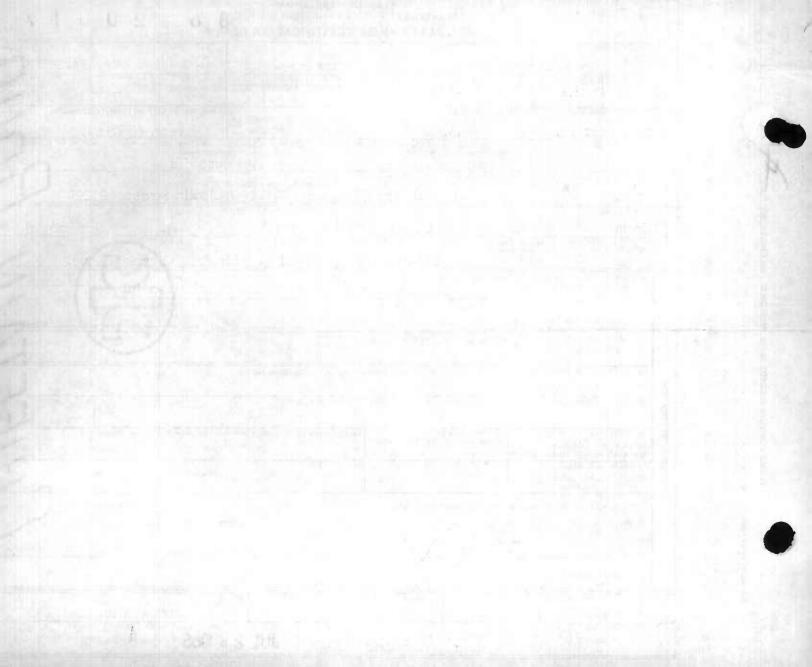
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G PHYSki attending er this ce tond Mer ked or ke	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY OFFIC		21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TTENDIN pitol or TTOR: Af- for use a of Health		220.1 certify that (1) (this h saw the deceased alive above (1) well (did) (di	2	10 19	0 14	nd that in (my) (pur) opinion	, to	on the date and	hour and from t	he causes stated
TAL OR A y the hos RAL DIREC detached tote Dept. NI: If them		22b. SIGNATURE	1/10	4 1			MEDICAL DIRECTOR [STAFF PHYSICIAN	27s. DA	1/10/16
TO HOSPITAL TO FUNERAL should be det with the Store IMPORTANT:		220 PHYSICIAN'S NAME (T	11/2	e xy		22e ADDRESS 114	Made	tel Ai	toll)
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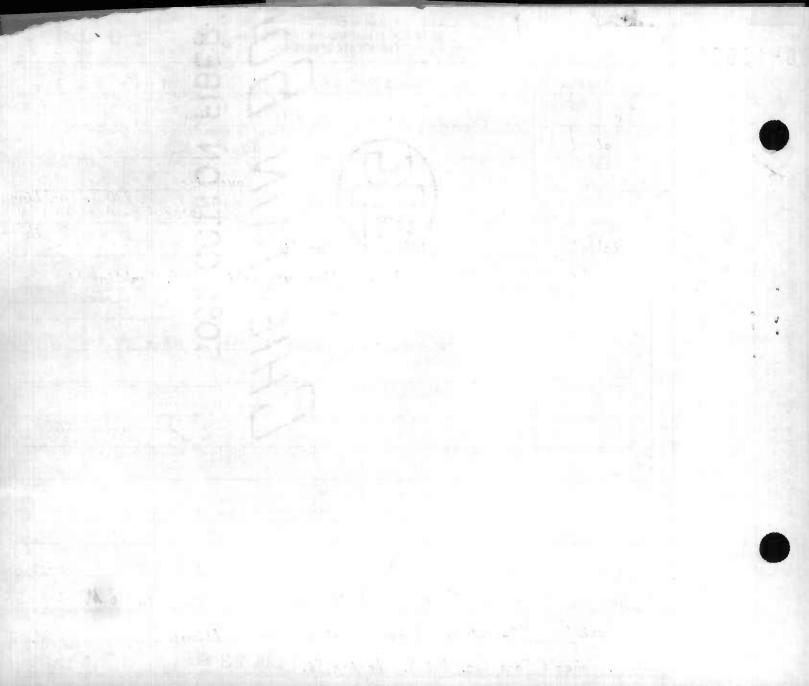
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	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	73a.B		TION, REMOVAL				NAME OF CE			DRY	123d. LO	CATION						
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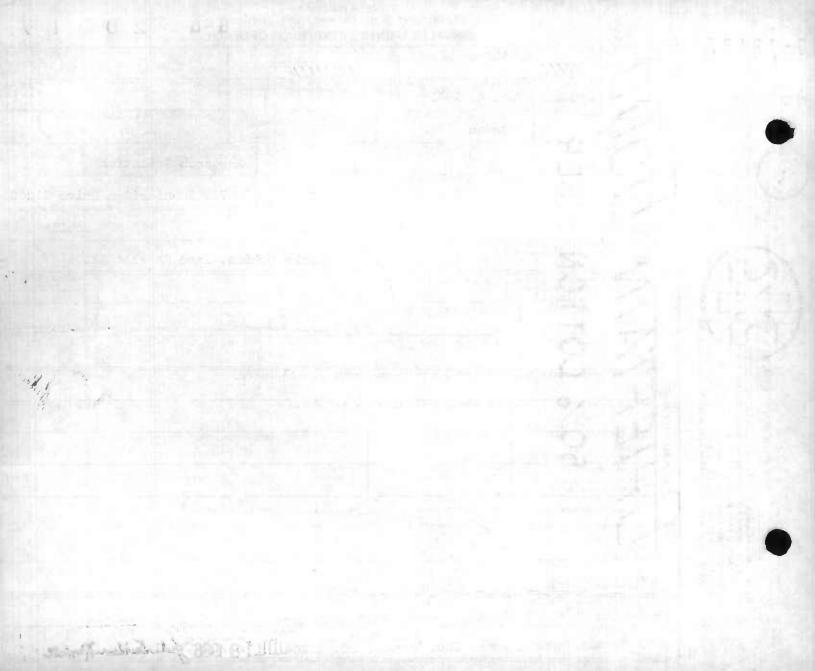
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MA	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	

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-	3000		CEASED NAME FIRST	MIDDLE	£AST		DAY YEAR 26 HOUR
	page 3	(TYP)	Stella	T	uszynski	7 1	9 86 755 M
	Ter D	3 SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	urs of		h h	W	10 04 1891	94 YRS	NOWING DATS HOURS MIN.
	nerol di n 72 ho		IRTHPLACE (STATE OR FOREIGN COUNTRY) Poland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balt Cuty	OF DEATH MD.
3	ofter a	10 C	Bullmore,	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A MEVCY HD SVO		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Howsewife	126 KIND OF BUSINESS OR
	hours be be	USU 130	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		730 S. Conkline
	fille hould		MD Bal	taty Back	YES NO	136 STREET ADDRESS ZIP CODE	n Ave 21231
	de de la composition della com	14. F/	ATHER'S NAME Michael	MIDDLE Dziel	15 MOTHER'S MAIDEN NA FIRST ROSCILIE	MIDDLE	Par Pazik
	100		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUI	RITY NO 17 INFORMANT	ADDRESS	
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	he law re on. hos been i permit. I ene prior ows ony ir	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
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	R. Al			tol) attended the deceased from_			19, that (I) (we) last
	Spite CTO CTO if for of h			t) view the body after death.	, and that in (my) (our) apinion	death accurred on the date and hou	r and from the causes stated
	OR be he boched Dept Her		226. SIGNATURE	0 1	DEGREE	_ MEDICAL STAFF	22c. DATE SIGNED
	by the by the by the best of details of the best of th		22d. PHYSICIAN'S NAME STYPE O	AD M	PHYSICIAN [DIRECTOR PHYSICIAN	11-19-86
	retained by the retained by the TO FUNERAL should be det with the State IMPORTANT:		- 11	WGANSKY	MD 301 S+ P	Paul Place Ba	lto MD 21203
			BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	BP	24.5	Burial	7-23-1986 Sa	cred Heart of Miny		Md.
[DHMH - 16 60M 7/84		UNERAL DIRECTOR	Sons Inc. 401 S.	250 DA	TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
	(VRA 15, 4)	1	ohn M. Weber &	Jons Inc. 401 J.	Chester St.	THE ENGINEERS	



		1-	8,22a, FOR STATE REGISTRAR	FilmG	619		DEPART	MENT OF	HEALT	H AND M	ENTAL H		1 _H 6	050	2	0	0	ı	9
)-1	3 8 7	I DE	CEASED NAME E OR PRINT)	FIRS		hihiro	N. Inc.		/	LAST	hida		20 DATE OF DEATH	KNOWN ESTI- MATED	X M	7/	17/19	YEAR 86	26 .HOUR
45	ARY, PLEASE DIRECTOR. OUR FILES. A 72 HOURS		ale	Japanes	se N	NATE OF BIRT	1941		RS. IF U	INDER 1 YR.	IF UNDER	WIN	PRONOUP DEAL	NCED	MÕ		17/19		10:2 AM
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V	THE THE SOIL	1	TY OR TOWN Baltin	more		Union	FACILITY, GIVE	JRSING HOM STREET ADDRESS) LIAL H	ospit		ITION	Re:	AL OCCU	RKING LIFE)	ient	ist	OR IN	DUSTRY	INESS
A	PETAIN PREA	Mai	cyland	13b. CC	DUNTY Lty	HER INSTITUTION.	113c CU	y or town timore	1011}	13d INSIDE			702 B	onni	erid	lge	Driv	e 2:	1209
DRE, MIC	DEATH M PM 32 M PM 32 M PM 34	5	THER'S NAME	hi		DDLE		Üchida		K	ER'S MAIDE Cosugi		٨	AIDDLE			Uch	ida	
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W. PRESTON ST., I	D WITHIN 24 HOUR FINCIL IN ITEM 18. WANNER ALCING W. TRANSIT FERMIT. ENTAL HYGENE. DI OR REMOVAL.	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) I dopathic myocarditis DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) starting the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF														APPRO BETWEEN	ONSET	NTERVAL AND DE ATH	
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DIVIS	UNDERLYING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 21e PLACE OF INJURY (AT HOME, STREET)												CITY OR TO	OWN	COUN	41Y		STATE	
•	AT WORK — AT WORK 220. I certify that I took charge of the remains described above, held anAutapsy X , Inspection , Inquiry , and in my apinion death resulted from: Natural causes Accident , Suicide , Hamicide Undetermined monner , TITLE (SPECIFY)													/17/	′86				
	TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE.	77a P	EXAMINER'S (TYPE OR PRII URIAL, CREMA	VT)				man, M		_ADDRESS_	ORY		Pen	n St.	•				
07/84 25M	nox	C:	rematio	n	7-	-21-86	Lo	oudon E	ark	Cremat	Ory	Ba REC'D BY	CATION ORTOWN 1timo REGISTRA	AR 25b RI	Mar	COUNT CV1a		STA	TE .
	(VR A15 ME (5))	1/1	ACK TOW	SOII FUI	nera]	L Home	, Inc.	Towso	n, M	d. 212	0410	L 46	NO.	fulie	-Devi	dan.	Mary	AL.	

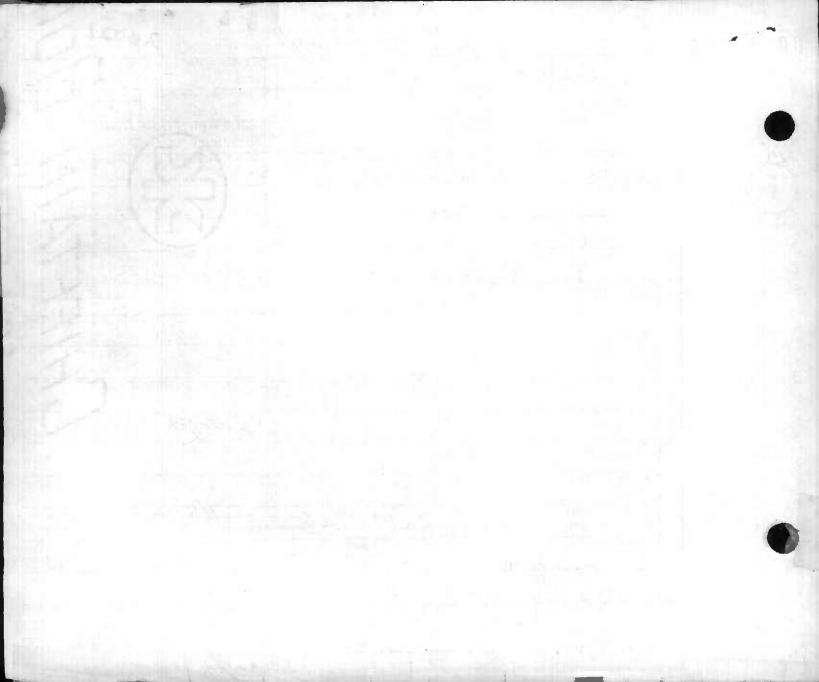


STATE OF MARYLAND FOR
- STATE
REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIER CERTIFICATE OF DEATH

20021

REGISTRAR					REG. NO.		
I. DECEASED NAME FIRST		MIDDLE 1/A.	LAST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
V. BLANC			DECASTLE		7/	8 /86	1258A
1	1 RACE	1	DATE OF BIRTH	YEA!	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
BIRTHPLACE ISTATE OR FOREIGN		what COUNTRY? 8	10 2	4 20	65 YRS		
Balto., MD	USA		MARRIED NEVER N		Baltimore City or County Baltimore City	OF DEATH	
O CITY OR TOWN OF DEATH			VIDOWED DA	VORCED [12g USUAL OCCUPATION	DAMES (SE)	М
Baltimore	(IF NOT IN SUI	CH FACILITY, GIVE STREET ADD	RESS)	4	(TYPE OF WORK FOR MOST OF WORKING LINES OC. Campus Mi	industry nister	ioceseor Bal
USUAL RESIDENCE (IF NURSING HOME O		13c. CITY OR TOWN Balto. Cit	y YESX	NO 🗌	13e STREET ADDRESS / ZIP CODE 3400 Cedardale		15
FATHER'S NAME	MIDDLE	LAST		MAIDEN NAM	AE MIDDLE	IAS	
Leonard	J.	Lubbehuser	n Ma	rgaret		Scho	enlein
WAS DECEASED EVER IN U.S. AF	MED FORCES? (E WAR OR DATES)	166 SOCIAL SECURIT		NI	ADDRESS		4 3 4
no		214-12-022	l Virgini	a Coher	, 3400 Cedardal	e Rd. 2	1215
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per	line far (a), (b), and (c				BETWEEN	MATE INTERVAL DNSET AND DEATH
	TE CAUSE (o)	metasta	The Break	IT Co			F-1
A District	DUE TO O	DACA CONSTRU	- 04				
Canditions, if any, which		R AS A CONSEQUENC	.E OF				
gove rise to immediate	(6)						
couse (a), stating the underlying cause lost	DUE TO, O	R AS A CONSEQUENC	E OF				
	((c)_						
PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEA	TH BUT NOT RELATED	TO THE TERMI	NAL DISEASE OR CONDITION GIV	EN IN PART 100	
19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196 COND	TION FOR WHICH OP	ERATION WAS PERFOR	RMED	296 IF YES	YING CAUSES	GS USED OF DEATH?
21a. ACCIDENT WAS UNDERLYING			ZIz HOW IN)	URY OCCURRE	ED. FENDER NATURE OF PRICES PATTERN IS A		
OR CONTRIBUTING CAUSE OF DEA		M. MONTH DAY	YEAR				
OR CONTRIBUTING CAUSE OF DEA	21e PLACE		211, LOCATIO	N			
NOT WHILE AT WORK	(AT HOME STR	EET, FACTORY, OFFICE, FARM	ETC } STREET		CITY OR TOWN	COUNTY	STATE
22a.1 certify that (1) (this hospi			7/7/86	19	10 7/8/8h	10	that (1) (we) last
saw the deceased alive on abave, (I) (we) (did) (did no	t) view the body	otter death 19 SC	and that in	dar Imprimon de	outh occurred on the date and have		
226. SIGNATURE	/ /	/ deam.	DEGREE			22c DATE S	
J Hank N	USA K	wenust.		TENDING	MEDICAL STAFF	771	VU
22d. AHYSICIAN'S NAME (TYPE C	R PRINT)	1000000	1 22 ADDRESS		DIRECTOR PHYSICIAN	1-0	-86
Dennus Me	wan	they M	0. M	nty,	16SP		
BURIAL CREMATION, REMOVAL UT111	7-11-8		E OF CEMETERY OR CE	REMATORY	Balto.	Ballto.,	MD ^{STATE}
FUNERAL DIRECTOR				100			
John Miller,	Inc., 64	15 Belair	Rd. 21206	250 DATE	REC'D. BY REGISTRAR 256 REGISTE	RAR'S SIGNATU	JRE

DHMH - 16 60M 7/84 (VRA 15, 4)



2b HOUR

126 KIND OF BUSINESS OR

21215

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

3708 CALL

INDUSTRY

HARCUM

COUNTY

COUNTY

23d LOCATION

CITY OR TOWN

22c. DATE SIGNED

M.D.

204 M

SPECIFBURIAL BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 REDD FUNERAL HOME 5209 YORK RD. 21212 (VRA 15, 4)

23c NAME OF CEMETERY OR CREMATORY

23b. DATE

5 %

230 BURIAL, CREMATION, REMOVAL

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2001 Gibtord Avg. 21214		ercatilei	hoe-years
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	£ = 40	36 (11)	. moros . i

FOR 1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20024

	0.	REGISTRAR				CERTIF	CAIL O. D	LAIN		REG. NO).	248			Í
		CEASED NAME	FIRST		MIDDLE	I.	AST	10:35	20 DATE OF	DEATH	HINON	DAY	YEAR	2b. HO	UR i
٩	(1177)		atha	n (Vine	V				7	29	86	183	O M
ú	1. SEX			4 RACE		5. DATE C		#146	6 AGE INY	EARS LAST BIRTH	HDAY)	IF UNDE		IF UNDER	R 24 HRS
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G		RTHPLACE STATE OR	FOREIGN	76 CITIZEN OF	ALC DE SE	RY? 8.	M NEVER A		9 BALTIMO	RE CITY OF	COUNTY	Y OF DE	ATH		
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á	10. CI	ITY OR TOWN OF DE	ATH	11. NAME OF		RSING HOME C		ITUTION	120 USUAL		N		KIND OF	BUSIN	
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	_	THER'S NAME	3 120					MAIDEN NAM						agir Tau Vers	
9		100		MIDDLE	. ŁAST			FIRST		MIDDLE			LAST		
		VAS DECEASED EVER			166 SOCIALS	ECURITY NO.	17 INFORMA	NT		ADDRES	55	COTT.		MA	No line
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ē		PART I. DEATH V		D BY: TE CAUSE (a)	AUL	ITE K	LYOCA	AD (BL	. In	FARC	TION		2	H	23
ä		100			R AS A CONSE	OUENCE OF			116.35	15878				9.57	
H		Canditions, if any	, which	(b) -		のとうと	s mo	TLLIT	20-		375		2	48	ears
		gave rise to im cause (a), stati-		DUE TO O	R AS A CONSE	OUENCE OF		E.B.	offer la		2000				189
	2	underlying cause	e last	(c)_						8 61	100	34		96	
	_	PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED					VEN IN F	ART Ita		
	0	SDE	CA	RCIN			TATE	1.00	MET						
7	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WH	HICH OPERATIO	N WAS PERFO	RMED	200 AUTO	OPSY?	206. IF YE				
	RTE				Dest.V.	1000	1900	SAY 1	YES 🗌	NO		ES 🗌		NO [
d	10.75	210 ACCIDENT WAS UN		216. TIME O		DAY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTER NA	TURE OF INJUR	IN ITEM 18	PART I OR	PART 2)		
ħ	KAI	(IF EITHER NOTIFY MED	ICAI EXAMINER	R) P.	M.	19			W-57 A			- 0			
	MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY	ICE FARM ETC)	211. LOCATIO	N		CITY OR TOW	N	CO	UNTY		STATE
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		220.1 certify that (I		1 . / .		1-1	185	. 19	, to	12				, , , ,	(we) last
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	.0	226 SIGNATURE		NK	com		DEGREE icc D A	TTENDING	MEDICAL	STAF		22	C DATES	IGNED	ent.
		22d PHYSICIAN'S N	ME			The same		PHYSICIAN	DIRECTOR				113	0/0	56
	100	22d PHYSICIAN SIN	AME (TYPE C	JR PRINT)											
		Norman	RK	leiman	M.D.		1 3803		ndson		ue-#	212	29		
		BURIAL, CREMATION	REMOVAL	236 DATE		234 NAME OF C	EMETERY OR (REMATORY	23d LOCA	ORTOWN		COUNT	TY		STATE
	24.51	Buri	al_	08-0	4-86	Garris	on Fo			timo			y1a		
		UNERAL DIRECTOR			ADDRI	565			E REC'D. BY R	1QQG	St. REGIS	MAR'S S	SIGNATU	andel	ا
	Kr	OWn / Thom	nson	H . H .	1913	Ralt	IMOTA	SIFAU	U 4	STORE !	2 comment	Anna Pales	-		

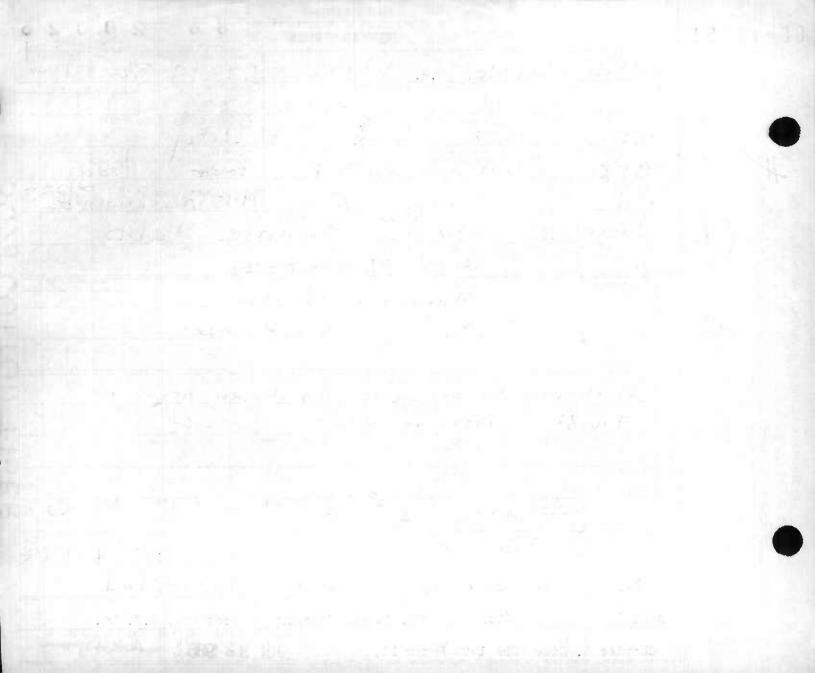
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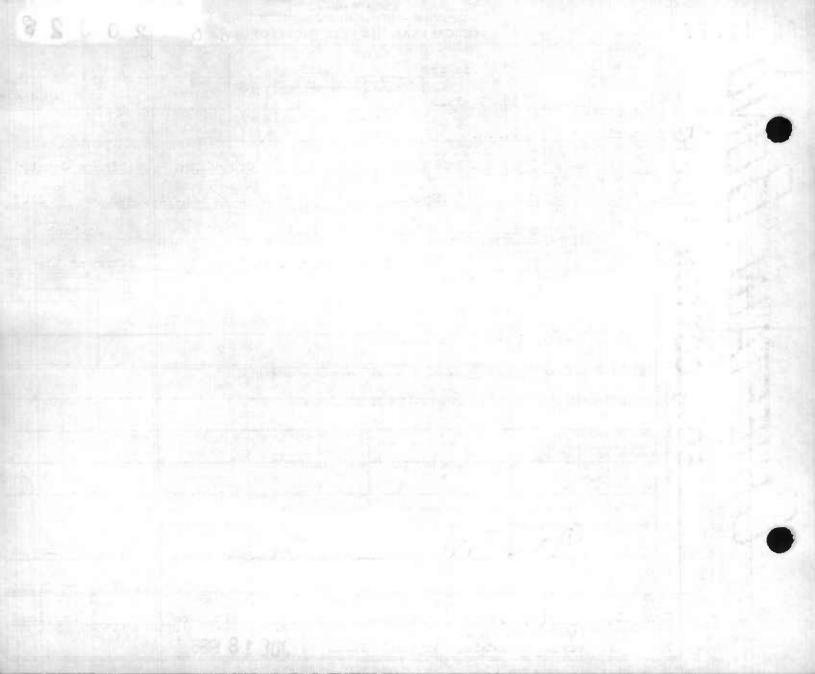
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		STATE OF MARYLAND			
00-13051	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH			
noy be poge 3	1. DE	CEASED NAME FIRST MIDDLE V.H. WORKE D.D.		13:06	
ment. Fage 4 moy ment director. pos		Female Plack S. Date of Birth O.A. O. A.C. MONTH O.A. O. A.C. WEAR	GE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
			ALTHORE CITY OR COUNTY OF DEATH	410	
11/24	_	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 L 11 PR	USUAL OCCUPATION TE OF WORK FOR MOST OF WORKING LIFE 12b. KIND OF INDUSTRY Teacher Schoo	BUSINESS OR	
A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	USU IIn.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 INSIDE CITY LIMITS? 136 YESO NO	TREET ADDRESS / ZIP CODE	1323	
CONTROL MARYLAN		ATHER'S NAME MIDDLE	e MIDDLE + abb LAST		
		60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
OR ATTENDING PHYSICIAN: The low requires that the deep centricate he hospital or ottending physician. DIRECTOR: After this certificate has been signed by the attending physician oched for use as the buriol-transit permit. Then please remove contentions Dept. of Health and Mental Hygiene prior to buriol. Dept. of Health and Mental Hygiene prior to burion (premitting in removal if them 21 is marked or them 18 shows any injury, or other frauments event, the	MEDICAL CERTIFICATION	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:		MATE INTERVAL	
		DUE TO, OR AS A CONSEQUENCE OF			
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF	reale		
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL I	, , , , ,	,	
		7 11 86 2-0811 - 11160-1	20b IF YES, WERE FINDING IN CERTIFYING CAUSES	OF DEATH?	
			ES YES	NO 🗌	
		(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET	CITY OR TOWN COUNTY	STATE	
		220 I certify that (I (this hospital) attended the deceased from 2 1, 19 86, t		ho (II) (ve) lost	
		obove/(1)/(we) (5)(d) (did not) view the body ofter deoth. 27b SIGN 11(1): DEGREE	occurred on the dote and hour and from the co		
O HOSPITAL etonied by th TO FUNERAL should be det w.ift the Store		PHYSICIAN DIRI 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	RECTOR PHYSICIAN	9.06.	
should with MPO	23n		18 HOSPHAN		
BP	I	Burial 7/23/86 Mt. Auburn Cemetery	Westport, B.C. Md.	STATE	
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR Charles A. Rice FSPA 1300 Eutaw P1, 250. DATE RECTOR Line Control C	2 2 1986 Julia Davidson N	ire andere	
(VRA 15, 4)	_	onaries A. Rice Poin 1900 Ediaw 11,	0 0 1000 1	7	

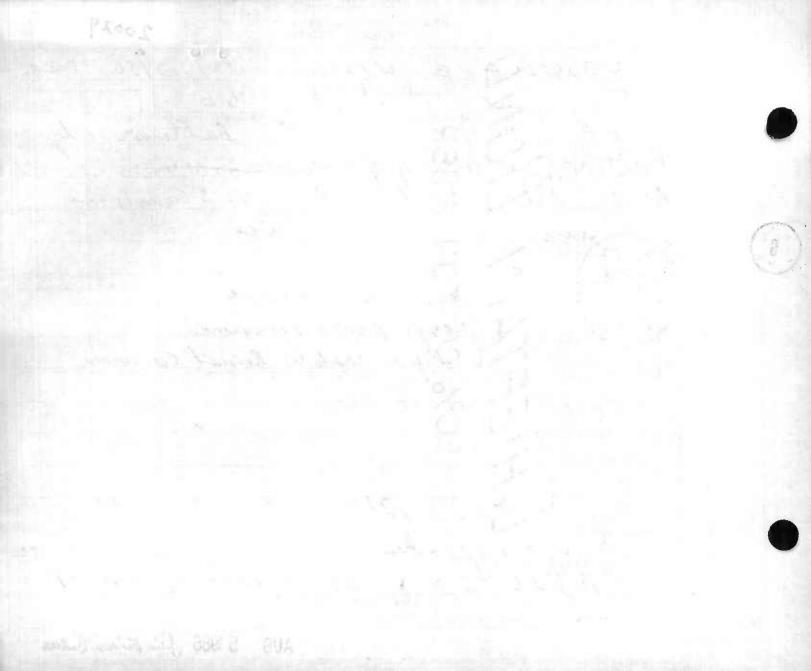


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR DECEASED NAME KNOWN MONTH 2a DATE DAY 26 HOUR / TYPE OF BRINTS ESTI-WITITIAM DEATH MATED Richard WALLACE 19 86 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED Male DEAD White 10 1958 27 19 86 BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED RIVER MARRIED Missouri U.S.A. WIDOWED DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! Baltimore Key Medical Center Groundsman - Baltimore County LAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) I STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland Edgemere 2501 Lakeview Avenue NO 3 21219 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE James David Wallace Suzie Dambach 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS 404-94-3097 Mary J. Wallace Same as 13e 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Stab wound of chest & abdomen and cuts of wrist MANAGO CONTRACTOR OF THE STATE and neck Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in ICATE, WRITING THE WORD THE FORWARDED TO THE OHER TOR: PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF THE AND, 21201 PRIOR TO BURIAL 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO [] 21g. EXTERNAL CAUSE WAS 116. TIME OF INJURY
HOUR AND MONTH DAY YEAR 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING □ CAUSE OF DEATH 3:15P.M. 7-14- 1986 Self-inflicted. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE home Lakeview Ave., Essex Baltimore MD DIRECTOR: Autapsy X 22a I certify that I taak charge of the remains described above, held on Suicide X death resulted framA Natural causes Accident Homicide ___ Undetermined manner TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD E TO FUNERAL DIRE AFTER DEATH, WITH BALLIMORE, MARY TITLE (SPECIFY) ACTUAL Assistant 7-15-86 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) 21201 ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation 7/18/1986 07/84 BP Westview Baltimore Maryland 25M 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 7922 Wise Avenue (VR A15 ME (5)) Dundalk, Maryland



1-15025		FOR - STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	86 20029
nay be page 3 cr death 7		CEASED NAME FIRST	NA E	WALSH S DATE OF BIRTH	AGE (IN YEARS LAST BIRTHOA	7/86 545 AM
ge 4 r		F	W	MONTH DAY LAS	60	MONTHS DATS HOURS MIN.
deoth. Pourerol din 72 hou		IRTHPLACE I STATE OF FOREIGN 76.	Ba H	MARRIED NEVER MARRIED WIDOWED DIVORCED	BULL BULL	emore cete MD.
s offer o	10 C	3 allingue	(IF NOT IN SUCH FACILITY, GIVE STREET A	to of M williams	178 USUAL OCCUPATION (TYPE OF WORK FOR MOST, OF WO	
AND 212 AND 212 If illed in nould be interested	13a	AL RESIDENCE (IF NURSING HOME OR OTH	FER INSTITUTION GIVE RESIDENCE BEFORE 136. CITY OR TOWN	VESSE NO [13. STREET ADORESS ZI	P CODE / 1 +0421223
thin mpletely ond 2 st	14. F.	ATHER'S NAME FIRST MID	DLE LAST	15 MOTHER'S MAIDEN NA/	ME MIODIE	LAST
Poges,		NAS DECEASED EVER IN U.S. ARME YES NO OR UNKNOWN) (IF YES, GIVE W			ADDRESS	
rificate physicio mpopers smoval.		18 CAUSE OF DEATH Enter only of PART I. DEATH WAS CAUSED B	1/0 - 1.	rutory fai	lure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ortending ortending fire this ce as the buri	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM EIC) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDIN hospital or RECTOR: Add for use of Health sight of Health stem 21 is made		22a I certify that (I) (this haspital) saw the deceased alive on abave, (I) (we) (did) (did not) v.	7/26 19	86, and that in (my) (our) apinion of	death occurred on the date of	and hour and from the causes stated
the Did H		Says (faprice	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	122. DATE SIGNED
TO HOSPITAL etoined by 11 TO FUNERAL should be der with the Store IMPORTANT.		PHYSICIAN'S NAME OF ORPR	CHIS	22 Sbre	en St B	1+ MD = 1210
BP	23a	(SPECIFY)		AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
DHMH - 16 60M 7/84	24 F	Removal	1-30-86			REGISTRAR'S SIGNATURE
(VRA 15, 4)		Anatomy		alto., Md. AUG	2 800 g	ilia Deridera Rendelle



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME (TYPE OR PRINT) Michael JULY 22,1986 10:37,AM STEPHEN WALSH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4. RACE 5 DATE OF BIRTH White Male July 4, 36 yrs. 7a. BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New York U.S.A. DIVORCED A WIDOWED BALTIMORE CITY 12b. KIND OF BUSINESS OR M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION Construction Building (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE JOHNS HOPKINS HOSPITAL WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136 STATE 136 COUNTY 136, CITY OR TOWN 21157 13d. INSIDE CITY LIMITS? 308 Bachmans alley Road Carroll Md. Westminster YES [IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME Matheson Stephen Walsh Marjorie 308 Bachman Valley Rd. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR UNKNOWN) Westminster. Md. 1969-1972 078-44-2404 Stephen J. Walsh Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY 2 min Respiration arrest IMMEDIATE CAUSE (a)_ DUE TO OR AS A CONSEQUENCE OF Cardiac Conditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF .. underlying cause lost AIDS Presimonia PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG O 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [" NO [ial-tronsit printer 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 1 ŏ 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE July 17 July 22 86 , that (1) (we) last 22a.1 certify that (1) (this haspital) attended the deceased from_ JULY 22 saw the deceased plive on and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL 7/22/84 PHYSICIAN DIRECTOR PHYSICIAN FUNERAL AAPORTANT 22d PHYSICIAN'S NAME LITYPE OF PRINTI 22e ADDRESS the the 600 North Wolfe 0 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Buria 25,1986 Garrison Forest Veterans Cem. Owings Mills. July BP 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTO DHMH - 16 60M 7/84 Manchester. Md. (VRA 15, 4)

18 25 MB 6 5 5 18 18

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 26. DATE OF DEATH MONTH DAY 7b. HOUR (TYPE OR PRINT) LOUIS s tuart WALTERS JULY 25, 1986 10:03 * RACE White June 23 AV 1923 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER TYEAR IF UNDER 24 HRS. Male 76. CITIZEN OF WHAT COUNTRY? Many Land BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF PENTED POST WORKING LIFE) BALTIMORE JOHNS HOPKINS HOSPITAL SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h Jefferson Harrow Swiferry 134 INSIDE CITY LIANTS? 13e.STREET ADDRESS ZIP CODE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME RoyFIRST Walters MIDDLE Irene Stuart ADDRESS Rt. 2 BOX Harpers Ferry, 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(YES, NY CONTROL (16 YELLING WAS OF DATES) 578-26-7924 17. INFORMANT Eleanor L. Walters 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY LEFT CAROTED MINUTE IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF ARYNGRAL CAWPER RECURROUT Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19n DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? DLOWOUT YES NO YES [NO DA 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AI WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on_ and that in fine (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22d, PHYSICIAN'S NAME (1997) 22e ADDRESS 1+00K165 1503 A1-116. 230 BURIAL, CREMATION, REMOVAL **Cremation** 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 26,86 Omps Crematory Winchester Vasiale Fred. WIERAL DIRECTOR (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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IF UNDER 24 HRS IF UNDER LYEAR DAYS HOURS

26 HOUR

YRS BALTIMORE CITY OR COUNTY OF DEATH

17% KIND OF BUSINESS OR INDUSTRY

13e STREET ADDRESS / ZIP CODE

OVOGER SKI

COUNTY

ANDRYSZAK-3316 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.G.

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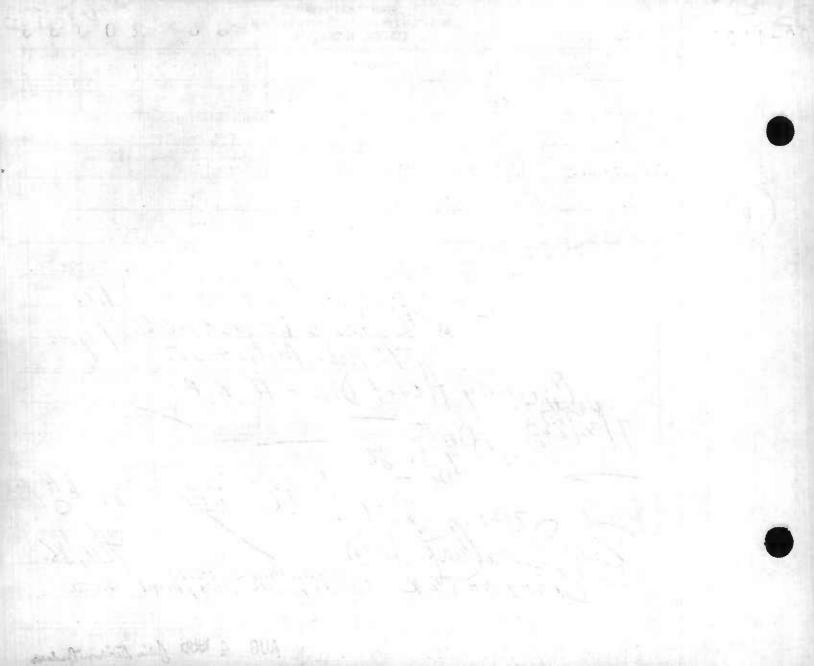
23d LOCATION CITY OR TOW BAKTIMONE

COUNTY

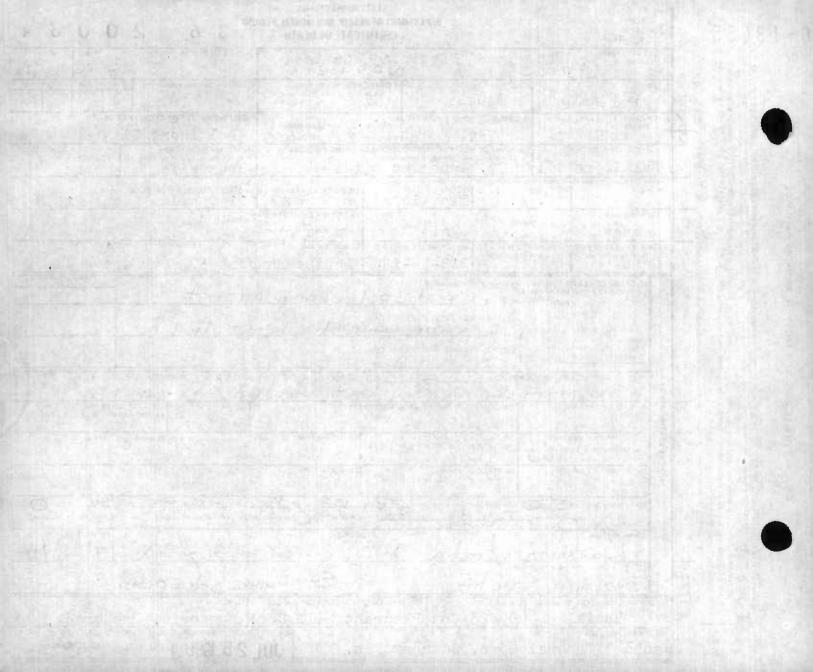
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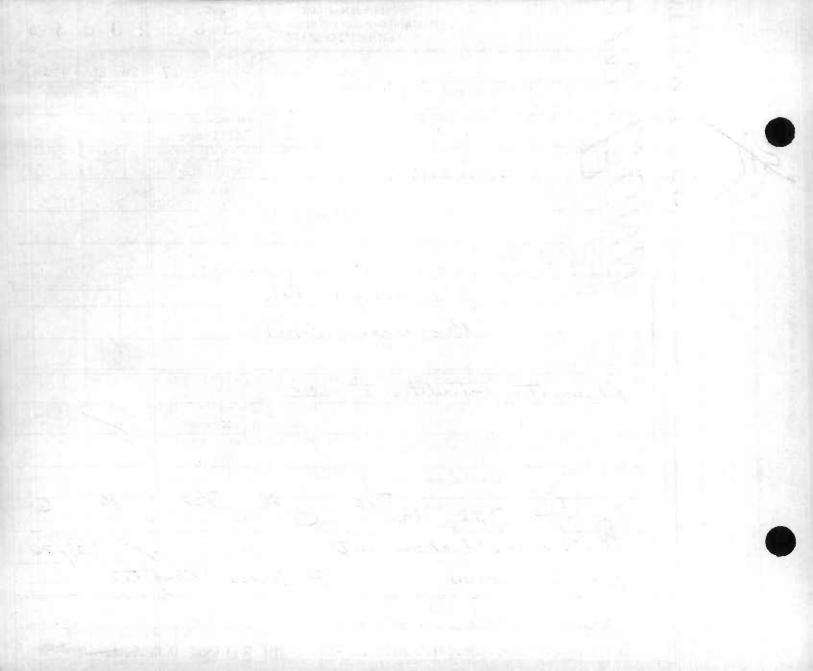
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may the page	3. SEX	4 RACE	5 DATE OF BIRTH	& AGE IN YEARS LAST BIRTHDAY # UNDER 1 YEAR # UNDER 24 HRS
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Pod Pod	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY?	9 BALTIMORE CITY OR COUNTY OF DEATH
deert 222	Md.	usa	WIDOWED DI DIVORCED	Baltimore City MD.
the for	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR
5 5 38 70	Baltimore City	Long Green M	Nursing Home	Housewife
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MARYLAND 2120			terstown YES D NO K	103 Butler Rd. 4//35
1101170	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME
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OM Page 1	1 YES, NO OR UNKNOWN) (IF YES, G	1VE WAR OR DATES) 212-32	2-0919 Elaine Cofie	ell 16506 Dubbs Rd. Sparks Md.
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ath cathor reports	771712	DUE TO, OR AS A COMS	FOLLERICK OF 1	. 10. /
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he la he la so be mit.	S 190 DATE OF OFFICE	1% CONDITION FOR WE	TICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED
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ENDING PHYSICIAN: The I attending physician. DR: After this certificate has be as the burial transit permit. lealth and Mental Hygiene pri is marked or I tem 18 ahows	WHILE NOT WHILE O	7	eth, LONGO	184/1813. Home fall Med
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TO HOSPITAL retained by the I TO FUNERAL L should be detach with the State D IMPORTANT: I	SE	SHUWATE	Cockeysuii	11e MARYland 21050
F 8 F # 3 S	23a BURIAL, CREMATION REMOVA	L 23h DATE	23c NAME OF CEMETERY OR CREMATORY	234 LOCATION CITY ORTOWN COUNTY STATE
BP	Burial	8/2/86	Black Rock Cemetery	Butler Baltimore. Md.
DHMH-16 25M	24 FUNERAL DIRECTOR	ADDRES:) I A	E REC'D. BY REGISTRAR'S SIGNATURE
(VRA 15, 4) 1/79	Eline Funeral Ho	me 11824 Reisi	terstown Rd. Rest.	UG 4 1900 Julia Devideon Pendage



	STATE OF MARYLAND
3433	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH 8 6 REG. NO. 2 0 0 3 4
	DECEASED NAME GRACE Virginia Warfield 720. DATE OF DEATH MONTH OAY, YEAR 70 HOUR TO PARTIE OAY, Y
d selection 3.	SEX FEMALE S. DATE OF BIRTH S. DATE OF BIRTH MONTH DAY TEAR MONTHS DAYS HOURS MIN. YRS.
1505	BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? AMARRIED NEVER MARRIED BALTIMORE CITY OR COUNTRY OF DEATH WIDOWED DEATH BALTIMORE CITY OR COUNTRY OR COUNTRY OF DEATH WIDOWED DEATH BALTIMORE CITY OR COUNTRY OR COUNTRY OF DEATH WIDOWED DEATH BALTIMORE CITY OR COUNTRY
not by the full with	Baltimore City St. Agnes Hospital 11. Name of Hospital, Nursing Home or other Institution (If Not in such facility, Give street address) Baltimore City St. Agnes Hospital 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Home
Filled Sould b	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 137. CITY OR TOWN 138. LITY OR TOWN 139. INSIDE CITY LIMITS? 139. STREET ADDRESS / ZIP CODE 111 Charles Road 21090
2 / 20	George E. Main Margaret Lare
medicoh	(ves No OR UNKNOWN) (IF YES GIVE WAR OR DATES) 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 21090 212-74-7308 Louise Dascomb 503 Oak Grove Rd.
physicio npopers movol.	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (o) C PROLIC PUL MORRY ARREST [MMEDIATE CAUSE (o) C PROLIC PUL MORRY ARREST
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TO FUNERAL should be det with the State	BARBARA SOCHA St. Agnes Hospital
0 = 4 3 3	236 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CHYORTOWN COUNTY STATE
BP	Burial 07/25/86 Pleasant Hill Cem. Monrovia, Frederick, MD
	MacNabb Funeral Home Cafonsville. MD 25 1005 Julie Juide Cafonsville.

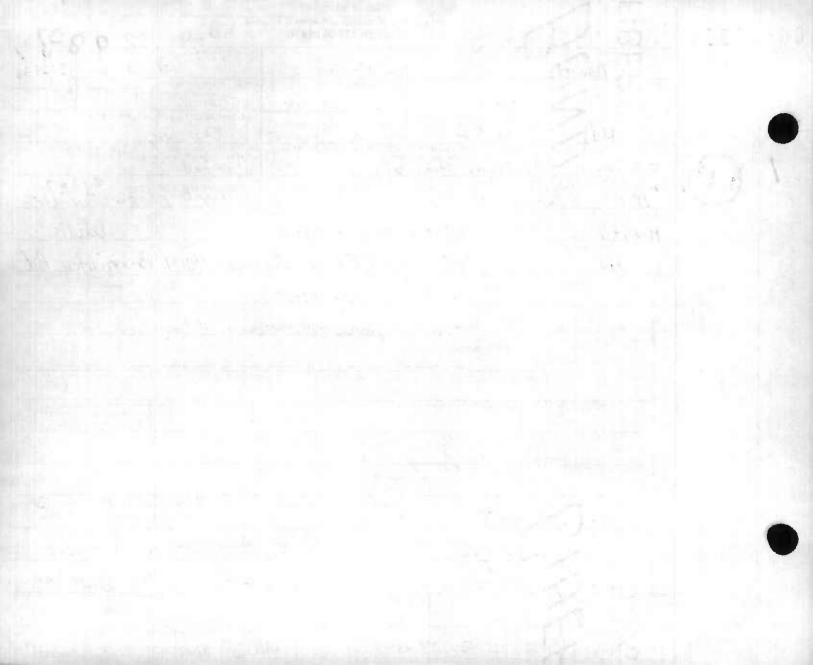


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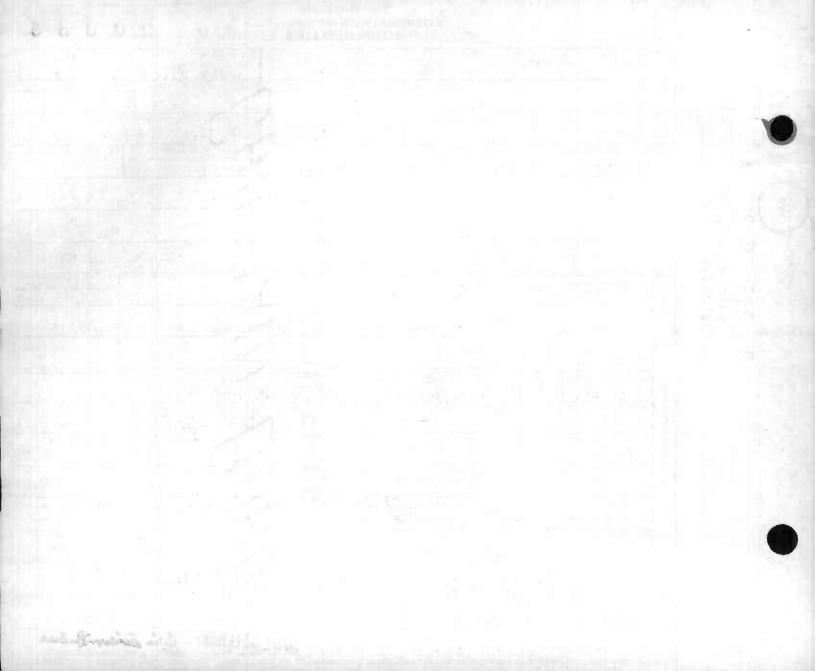


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n. nos b	NS ON	5	THE DAIL OF OPERATION	170 CONDITION FOR WI	TICH OPERATION WAS PERFORMED	200 AUTOPSY?	106. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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OR he hooche	# #		III. SIGNATURE	6/10	DEGREE	MEDICAL CYA	22c. DATE SIGNED
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Short Short	₹-	23o.	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	SNIK PA
BP			SPECIFY) Burial	7/5/86	King Memorial Park	CITY OR TOWN	COUNTY
		74 F	JNERAL DIRECTOR	170700		Randalls	
HMH - 16 50M 4	/B3		rch Funeral Hor	me Wast 1200 ADPR	Thach Avenue	IE REC'D. BY REGISTRAR	25b REGISTRAR'S SIGNATURE
(VRA 15, 4)		1,10	i ch i unei a i noi	me west 4300 W	abash Avenue	11 3 4000	8 1. m



				11 11 11			STAT	E OF MARYLAND				
0	1001		1.	FOR STATE		Di		EALTH AND MENTAL HY	GIENE R	20	11 4	R
10-	13945			REGISTRAR			CERTI	ICATE OF DEATH	REG. N	0.	C C	, 0
Columbia i					RST	MIDDLE		AST TT	20 DATE OF DEATH	MONTH DAY	YEAR 2b I	HOUR
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	0 0 1	5,5	3 SEX	<	4. RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR			INDER 24 HRS
	4 90 4	19-		Male	B1	ack	7/20	/1986	DN	MONIHS	DAYS HOL	ORS MIN.
-	4 63	27	To BI	RTHPLACE (STATE OR FORE)		N OF WHAT COL	INITRV2 9		9. BALTIMORE CITY O	R COUNTY OF DE	ATH	
	1 35	25		Marvland	I	ISA	WIDOW	D NEVER MARRIED X	BALTIMO	ORE CITY	,	110
	1 11	200	_	TY OR TOWN OF DEATH	II. NAM	E OF HOSPITAL,	NURSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATI	ION 12b.	KIND OF BU	ISINESS OR
5	See Fry	75	В	ALTIMORE	TH	TIN SUCH FACILITY, GIV		S HOSPITAL	NONE	F WORKING LIFE) INC	USTRY	
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AOR		ž.		ES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DA	TESI				berdeen,1 409 Dawn	MD. 210	01
TI	e pe	1		NO	N/A	N/A		Earnest Wash	ington.Sr			
., BALTIMORE	97 JE 180	É		18 CAUSE OF DEATH (E PART I. DEATH WAS	nter anly one cau CAUSED BY:		. \	1-11/1	***		APPROXIMATE BETWEEN ONSET	
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201	ed by	0 70			_ ((c)						
	signe hen p	uny.	z			4	NG TO DEATH BUT	NOT RELATED TO THE TERM	1 1 1	DITION GIVEN IN	PART IIP	
ORG	6 c- [.	× -/-	110	LONGENT		aroupl	raws,		ougenital	anon	aues	
REC		y ony	FICA	DATE OF OPERATION	4 19b. C	ONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	206 AUTOPSY?	10b. IF YES, WERI		
DIVISION OF VITAL RECORDS,	F 0 9 5 0 4	Swo /	CERTIFICATION					•	YES W.C.	YES 🗌		0 🗌
<u> </u>	Lysicon Fon Hys	1		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE		IME OF INJURY JR A.M. MONT	TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OF	PART 2)	
O	Sign of the state	1	ICAL	(IF EITHER NOTIFY MEDICALE)	XAMINER)	P.M.	19					
Sio	E1 429	9	MEDI	21d INJURY OCCURRED	11710	LACE OF INJURY	OFFICE, FARM, ETC	21f LOCATION STREET	CITY OR TO	wn co	YINU	STATE
NIQ.	Se de la	orke		AT WORK NOT WHILE					/			
	So Hard	2		22a. I certify that (I) (this	7	led the deceased	071	19_86	2.10 7/2/			(I) (we) last
	A STATE OF THE STA	77		sow the deceased of obove (1) (we) (did) ((did nat) view the		_19 <u>-06</u> _, a	nd that in (my) (aur) openian	death occurred an the do	ate and hour and f	rom the cause	es stated
	Sept of the Control o	ž.	63	22b. SIGNATURE	1	1	17	DEGREE	MEDICAL CYA	. /	C. DATE SIGN	ED /
	RAL Gard	7-1		- many (- NI	Try !	4)	ATTENDING PHYSICIAN [MEDICAL STAF		7/21/	90
	SOP SOP	7		22d. PHYSICIAN'S NAME	TYPE OR PRINT	11.7		22e ADDRESS HE J	OHNS HOPKI	NS HOSE	ITAL	
	De Det	1		Harry	Diat	MD		Dodors le	ounge JH	H		
	Pr. C. Indiana		230 B	URIAL, CREMATION, REM	NOVAL 236. DA	TE	23c NAME OF	EMETERY OR CREMATORY	23d LOCATION	P.Chin	TV	STATE
	BP	1		Burial	7/2	6/1986	Angel H	ill Cemetery	Havre de			
	DHMH - 16 60M 7	7/84		INERAL DIRECTOR		AD	DRESS	250 DAT	E 2 8 1986 TRAR	b REGISTARS	SIGN JRE	واللم
	(VRA 15, 4)		Tar	ring Funera	1 Home P	A. Aher	deen MD.	21001-339901		7		

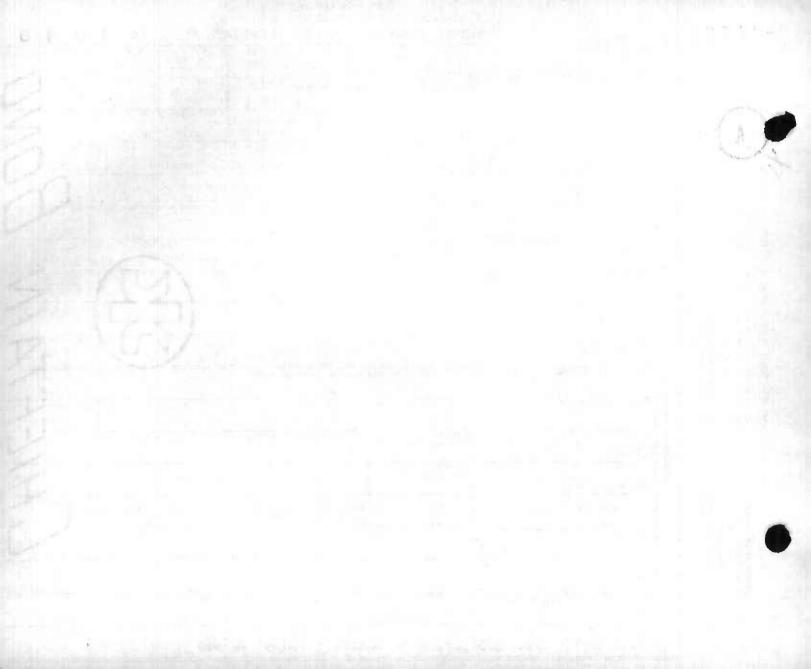


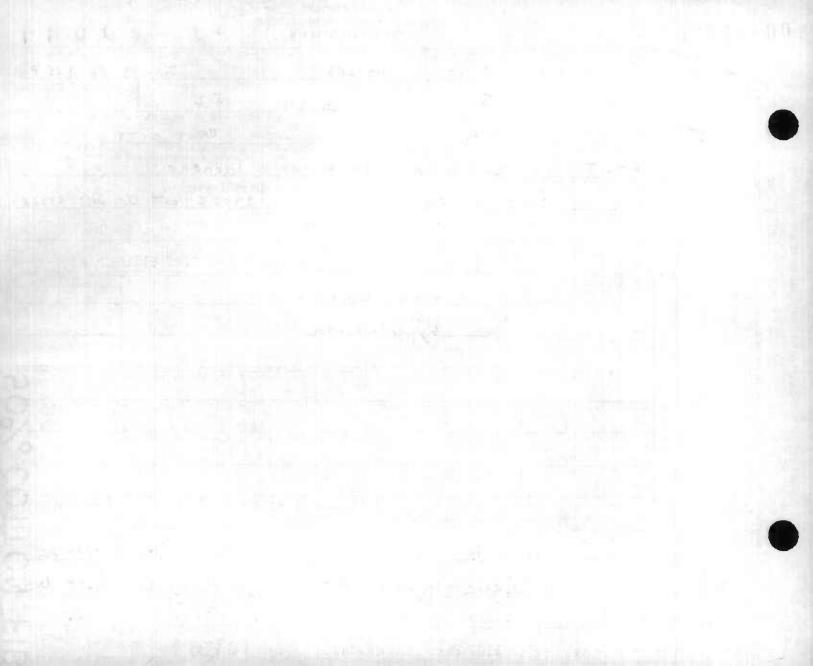
9 44 8			STATE OF MARYLAND		
-11587	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0	20039
	1. DECEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 2b HOUR
oo th	(TYPE OR PRINT)	ALDINE	MACHIANCHON	77777 0 300	
pood boo	3 SEX	4 RACE	WASHINGTON 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	6 09:15pm
of the state of th	F	В	MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
る 関ラよう	70. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	5 25 30	9 BALTIMORE CITY OR COUN	
1 200	COUNTRY)		MARRIED NEVER MARRIED		
	Maryland 10 CITY OR TOWN OF DEATH	U.S.a.	WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	BALTIMORE C	12b. KIND OF BUSINESS OR
	D	(IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING	(IFE) INDUSTRY
	BALTIMORE USUAL RESIDENCE (IF NURSING HOME	THE JOHNS HO	PKINS HOSPITAL	Housewife	Domestic
- 1370	13a STATE 13b CO	OUNIY 13c. CITY OR TOV	VN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
9	Maryland Maryland	Baltimo:		949 North Wolf	e Street 21205
00 9	FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WIDDLE	LAST
F On	George	T. Smith	Annie		Stringfiel
150	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)		ADDRESS	
NO ES	No	219286	606 Annie Smitl	n 949 North Wolf	e Street
6 6	18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b), as	nd (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0038	4	IATE CAUSE (a) Cardingul	monery arrest		30 minutes
1000		DUE TO, OR AS A CONSEQU	IENCE OF		
Cu illa	Conditions, if any, which	(b) massive	hemostysis/hematem	24.0	10-15 minute
11100	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE ON		,
the state of the s	underlying cause last.	(c) esophageal	carcinoma		lyear
Service of the servic	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART TO
171	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20h IF Y	ES, WERE FINDINGS USED
9 0 0 0	I II			INCERT	TIFYING CAUSES OF DEATH?
H. Yasicio	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IS	YES NO
a phy g phy g phy g phy indi-tro indi-tro intel h	4		AT TEAK	(ENIER WATORS OF WATORS IN HEW IS	PART (OR PART 2)
S ce burid Men	OR CONTRIBUTING CAUSE OF I	P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
NG PHYSICIAN: The total department of the this certifical is the buriolitran th and Mental Hypersylven or them 18 and them 18 and them 18 and the this control to the	WHILE NO WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
Afte os olth o olth o			7		
T Les	you the deceased alive	spital) attended the deceased from	06/	, tolaly_2	, 19_66 , that (1) (we) last
A D T T T T T T T T T T T T T T T T T T	onove (II) we) (did) (did	ngt) view the body giter greath		death accurred on the date and ha	
R B B B B B	TANDER I	0111	DEGREE ATTENDING	MEDICAL STAFF	224 DATE SIGNED
by the	Daniel	habel 1	MA PHYSICIAN [DIRECTOR PHYSICIAN	
o So Day	HYSICIAN'S NAME (TYP	E OR PRINTI)	22e ADDRESS Johns	Hopkins Hospi Goo.	v. wolfe St.,
O HOS etoined fro Fun modit to	- World K.	Chebot Ms		20535 pm	
F 2	23a. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP	Burial	7/7/86	Arbutus MEmorial P		Md.
DHMH - 16 50M 1/81	24 FUNERAL DIRECTOR	ADDRESS		E REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE
(VRA 15, 4)	March Funeral Ho	omes 1101 East No	rth Avenue	7 1006 Julian	Tavidson-Randalla
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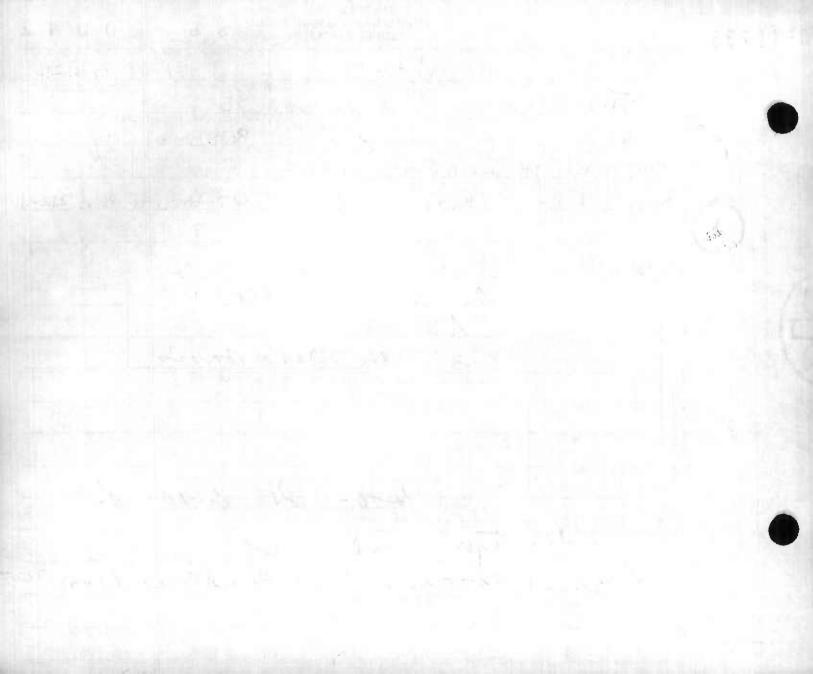


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21201	AND	130 S		136 COUN		13c. CITY	or town ltimore	13d.	INSIDE CIT	Y LIMITS?	405	TADDRESS Beechfi	eld Av	e. Apt	c.F	Q.
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NE.	AND STATE		ohn				ashingto			delia				Sava		
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AL	HRS AF MITH DIVISION		no			219	623117	1	eres	sa Was	shing	ton 405	Beech	field	Ave.	
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NO	N 24 HC N ITEM N ITEM ALONG IT PERV YGIENE OVAL.				E CAUSE (a)			nary	Embo	olus						
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DIVISION OF VITAL RECORDS.	JULD BE EXECUTED "PENDING" IN PREDICAL EXALSED AS A BURIAL-F HEALTH AND ME AL, CREMATION, OF THE ALTH AND ME AL.	z	PART Z OTREK SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO DEATH B	JI NUI KELA	LIEU IU THE TERMINA	L OISEASE OR C	ONOITION	GIVEN IN PART	1 101					
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DIV	AAB AATE	×	AT WORK	OT WHILE [STREET, FACTO	PRY, FARM, E	TC.)	STREET				CITY OR TOWN	C	OUNTY		STATE
	CATE, TORY FOR PAINE, P	1	22a I certify th	at I took chorg	g of the remains desc	ribed abo	ive, held an	Autopsy [XI,	Inspection	□,	Inquiry .	ond in my	pinian	2714	
	MINION SELECTION		deoth resulted for	om: Notor	al causes X	Accident	, Suicio	de .	Homicia	de .	Undeterr	mined monner				
	EXA CERT CERT UID I	1	ACTUAL	TU	M				TITLE (SP							
	KERKEN A		SIGNATURE	-	10	/		M.D	Assi	stant	MEDIC	AL EXAMINER	DATE	ED 7/	31/86	5
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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, DAGE 4 SHOUD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 2	00	(TYPE OR PRINT)	GLE	egory R. K							enn St.				
		730 B	URIAL, CREMATION PECHY) 1rial	, KEMOVAL 2		10171	NAME OF CEME	IERY OR CR	EMATO	RY	23d LOC CITY OR		co	VINIY	STATE	3
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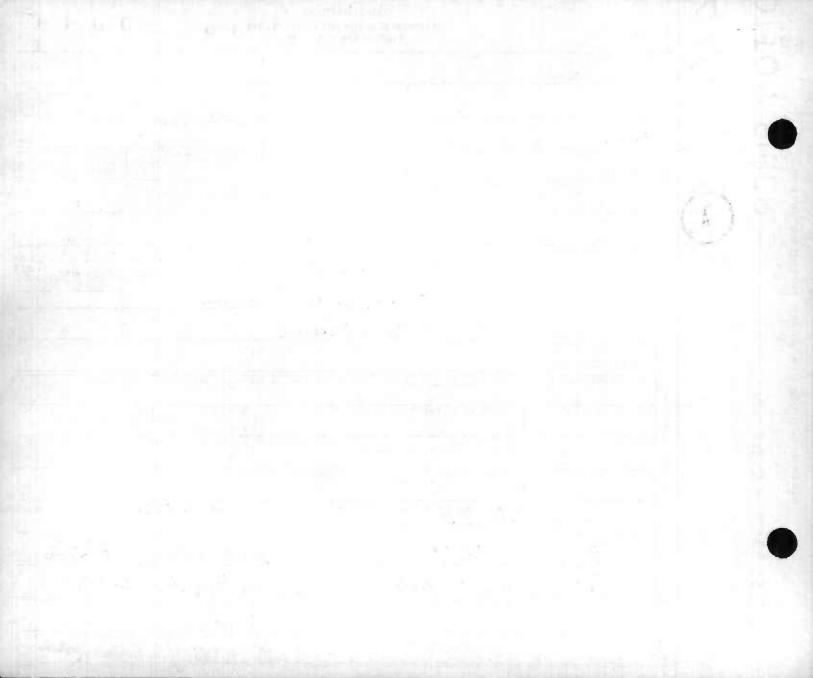




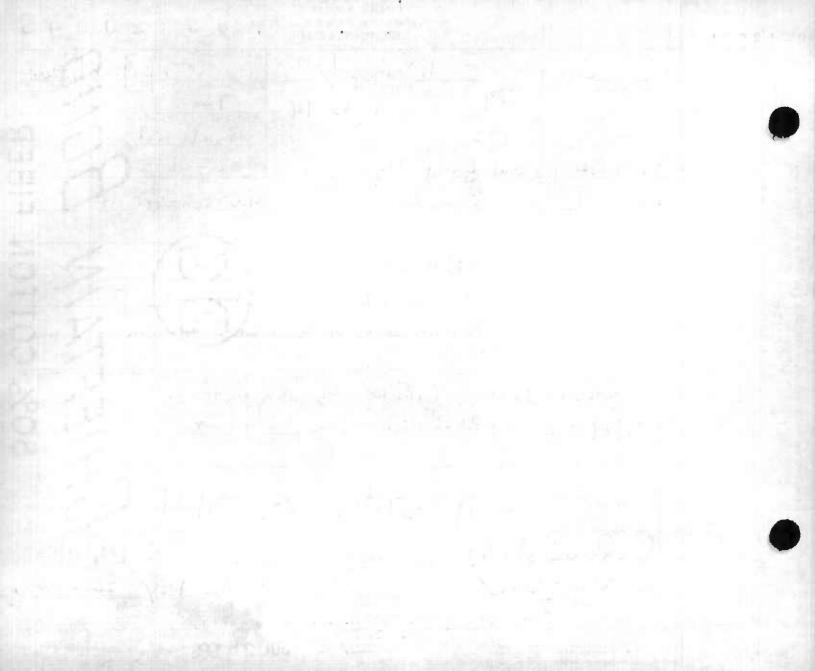
STATE OF MARYLAND

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4844	1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	2 NO.	0 0 4	idea Ligging
. 0 7 4		CEASED NAME	FIRST		MIDDLE	- 1	AST .	20. DATE OF DEATH	MONTH D	AY YEAR 26.	HOUR
deoth deoth	TIAN	OR PRINT)	RMAN			WA	TTS		7 31	1986	M
0 0	3. SE			RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)		UNDER 24 HRS
10-th		MALE		В	LACK	MONTH 5	15 ^{DAY} 1908	78	YRS.	ONTHS DAYS HO	OURS MIN.
556	70. B	RTHPLACE STATE OR FO	REIGN 76.	CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	- 1977
0	M	IARYLAND		U. S	. A.	WIDOWE		BALTIMO	RE CITY		MD.
1	10 C	ITY OR TOWN OF DEAT	Н 11		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUP		126. KIND OF BU	USINESS OR
1		LARYLAND	941	3013	GWYNNS F	ALLS P	ARKWAY	SHIPPING		FORT MEA	
-			IG HOME OF OT 3b COUNTY	HER INSTITUTION,			13d. INSIDE CITY LIMITS?	13e.STREET ADDRES	S / ZIP CODE	013 Gwyr	nns Fal
1		IARYLAND _	A STATE OF THE PERSON NAMED IN		BALTIM	URE.	YES NO	Baltimor	e, Mary	land 21	216
A)	14. F	ATHER'S NAME FIRST	MIC	DDLE	LAST		15. MOTHER'S MAIDEN NA/	ME		LAST	
1		James	F	R.	Watt		Blanche			Pitts	
3	160.	VAS DECEASED EVER IN	U.S. ARME		166 SOCIAL SECT	URITY NO.	17. INFORMANT	3Â ^Q	SESS GWVDD	s Falls	Parkway
E /	· ·	YES, NO OR UNKNOWN)	WW	II	216-18-6	105	Gertrude W. \	Watts Bal	timore,	Marylan	d 21216
¥ /		18 CAUSE OF DEATH	Enter only	one cause per	line for (o), (b), aj	optics) /	/ /			APPROXIMATI BETWEEN ONSE	
vent		PART I. DEATH WA	S CAUSED E		1	MIX	actatic Con	Curori		17.2-12.1	
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to bu	NO		TICALLY CO.	Nomono <u>C</u>	DIVINIDOTITO TO	DEATH DOT	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	NADITION GIVE	IN HALWEL III	
Con	CERTIFICATION	19e DATE OF OPERATE	ON	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDINGS	USED
5	IF							YES NOT	IN CERTIFY YES	ING CAUSES OF	DEATH?
18 sho	ER	210. ACCIDENT WAS UNDE	RLYING	216. TIME O			21c. HOW INJURY OCCURE				
them 1		OR CONTRIBUTING CA									
or He	MEDICAL	214 INJURY OCCURRE		P.		19	211 LOCATION				
op /	ME	WHILE NOT WHILE			REET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OF	TOWN	COUNTY	STATE
nork) - 44 du -d. 4b	- de 1 f	10	CO 10	7/=	1/1/2/2		
is i		220.1 certify that (1) (1 saw the deceased		7/W	180 19	1-7	id that in (my) (aur) apinian	death occurred on the	date and hour		t (I) (we) last
a 2	-9	abave, (1) (we) (did	d) (did nat) v	view the bady	after death.		DEGREE		date and had		ses sidled
五		226. SIGNATURE	11	-	11.1m	4	ATTENDING	. MEDICAL S'	AFF	22c. DATE SIG	NED
Ë		- LL	Dull	0201	sicy, or	9.	PHYSICIAN [DIRECTOR PHY	ICIAN 🗌	10/5/	86
PRTA		22d. PHYSICIAN'S NAM	ME (TYPE OR PI	RINT)	Ku h	1 1	27e ADDRESS	and Hole	a	1/2/1	-
IMPORTANT: H	20	191	DOK	01-51	100	11/	1473460	147	one.	743	
	230	BURIAL, CREMATION, RI		236. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
-	94 13	Buri	al	8/5/	1986 Ba	Itimo	ce National Ce	em. Baltim		Mar	yland_
A 7/B4	24 1	NOTATION CORSO	NS FUN	VERAL F	IOME, ADJANC	•	appeal to a second	E-REC'D. BY REGISTR.			200
4)	1	501 Gwynns M	alls	Pkwy.	Baltimor	e, Md.	21216 AIII	6 8 1986	Fichia Da	nicon-Nons	



	Cert. amended by M.E. 9/3/86 dad STATE OF MARYLAND	
	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 2 0 0	4 5
11-13564	REGISTRAR CERTIFICATE OF DEATH REG. NO.	1
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- 1 11 4	B	
2 =1 + 1	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTY OF DEATH	
# BR/656	COUNTRY) MD MARRIED MARRIED MARRIED MARRIED	
	MIDOWED DIVORCED DIVORCED DIVORCED	MD.
1 11 100	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	
5 10 50	TYPE OF WORK FOR MOST O	URTOR
	USUAL RESIDENCE (IF NURLY) HIT OR OTHER INSTITUTION CONTRESIDENCE BEFORE ADMISSION) 130 STATE 130 STATE 130 STREET ADDRESS / 7IP CODE.	0/7-9
9 7 43 4	The state of the s	100
3 1 28	THE FATHER'S NAME 15. MOTHER'S MANE	
d d 2	FRST MIDDLE LAST FRST MIDDLE LAST	
MAR wed w	HARVEY WEATHERLY FLORENCE	
d d c	7 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
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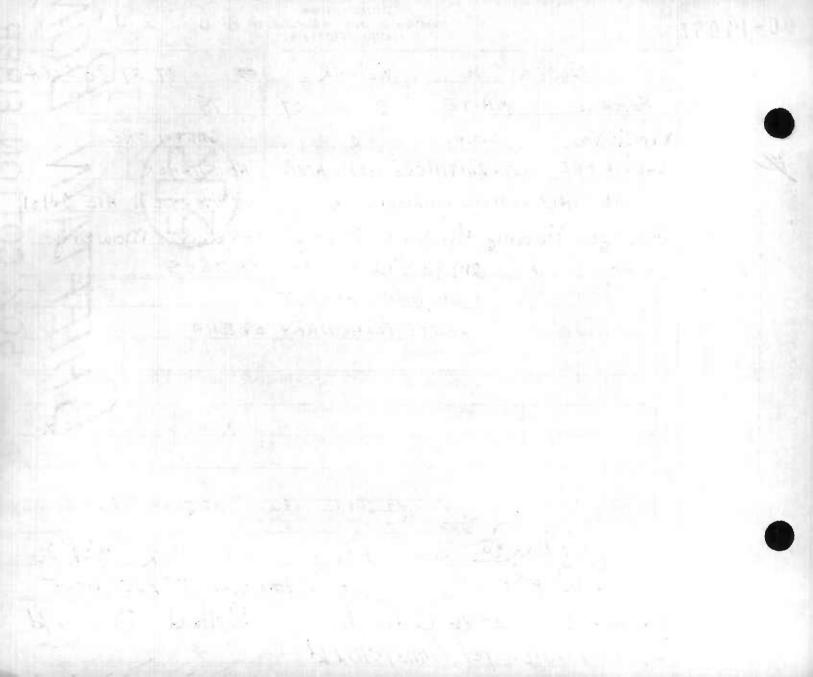


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	R: THI TE, W DRWA R: PAC E STA1 D, 212				ge of the remains desc	ribed abave held on Au	opsy X, Inspection	n , Inquiry , o	and in my opinion
	NO TOTAL		death result		erol causes	Accident . Suicide	X. Hamicide	Undetermined manner	no in my opinion
	REG BE		deditivesor	ied nom: Tvaic	Not coses	Joicide (Undetermined manner	
	2000 - A		ACTUAL		17		Accietant		DATE 7/6/86
	SHA SHA		SIGNATURE	200	X g		M.D. ASSISTAN	MEDICAL EXAMINER	SIGNED // 0/00
	TO MEDICAL EXAMINER: THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2	1-	EXAMINER'S		egory R. K	auffman, M.D.	ADDRESS	lll Penn St.	
	DAY DAY	23a.	BURIAL, CREMA	TION, REMOVAL	23b DATE	230 NAME OF CEMETER	OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
07/84	BP		Bu	irial	July 9 198	36 Holy Redee	mer Cem.	Baltimore	Maryland
25M	DHMH - 17	24	FUNERAL DIRE	CTOR	ADDRESS			REC'D. BY REGISTRAR 256 REG	Name .
	(VR A15 ME (5))			J. Ruck,	Inc. Ba	ltimore, Maryl	and JUL	7 1986 dillan	Davidson-Mandelle .

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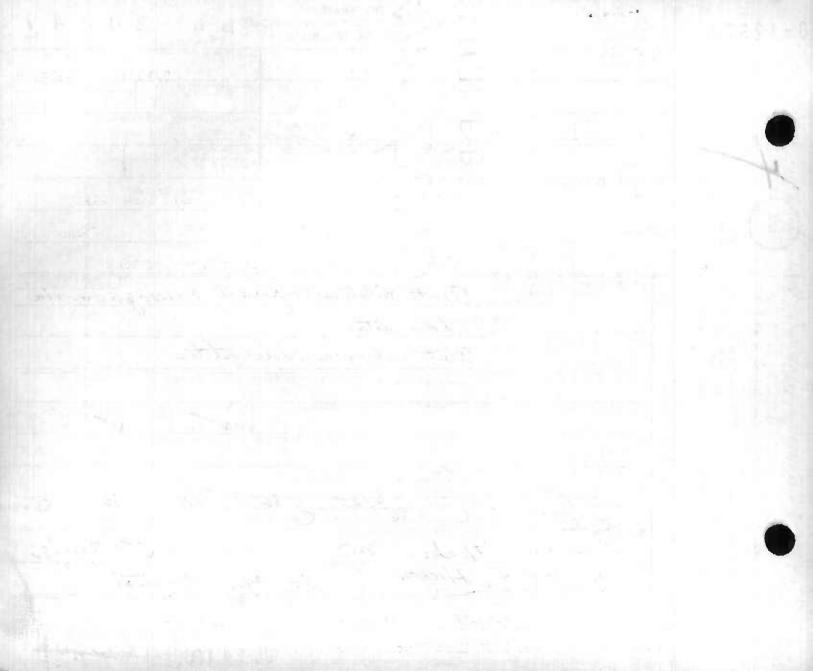
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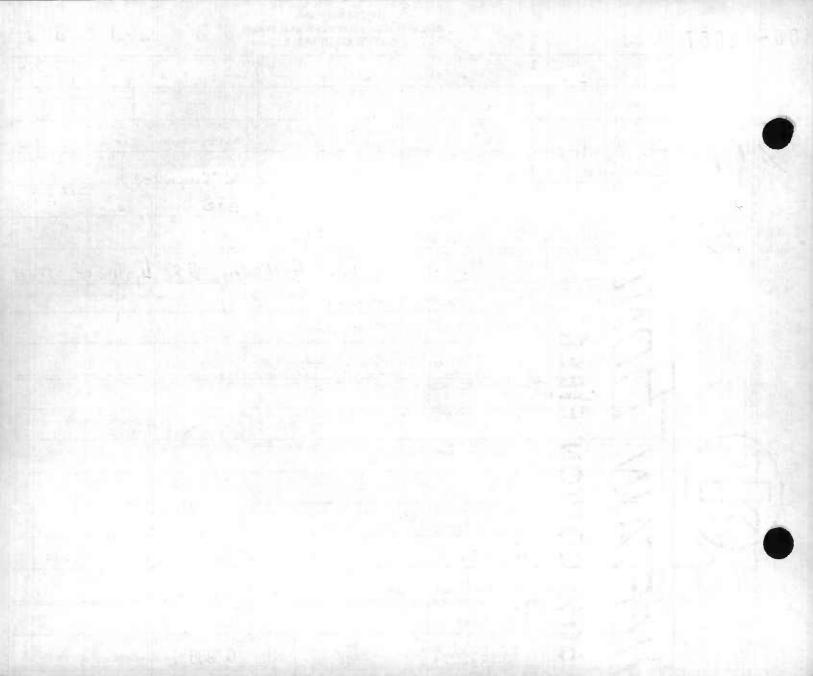
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH TIN YEARS LAST BIRTHDAY IF LINDER 1 YEAR IF LINDER 21 MDS AR AR HOURS YRS 7a. BIRTHPLACE WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED RUSSIA USA WIDOWED DIVORCED T BALTIMORE CITY ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 176 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BUTCHER MEATS 113b COUNTY 13e.STREET ADDRESS / ZIP CODE MARYLAND BALTIMORE 3401 PINKNEY RD. YEXX #21215 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST DAVID WEINTRAUB **EVA** KARSH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MRS. GUSSIE WEINTRAUB (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATEST 218-32-1982 3401 PINKNEY RD. BALTO., MD 21215 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a)
PART I. DEATH WAS CAUSED BY. Conditions, if any, which gove rise to immediate cause 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE, FARM ETC) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (Inthis hospital) attended the deceased from and that in (my apinion death accurred on the date and haur and from the causes stated above, (1) (we) (did) did not) view the body after death 22h SIGNATI MEDICAL PHYSICIAN [] DIRECTOR PHYSICIAN 22e ADDRES 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION BURTAL 7/15/86 BETH JACOB FINKSBURG CARROLL 24 FUNERAL DIRECTOR LEVINSON & BROS., INC. SOL DHMH - 16 60M 7/B4 6010 REISTERSTOWN RD. BALTO MD 21215 (VRA 15, 4)



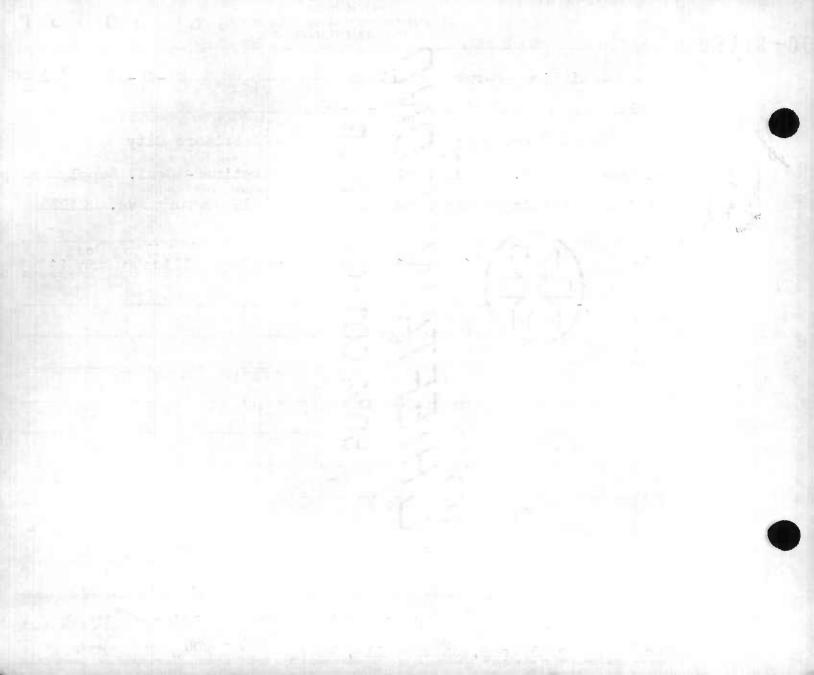
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STATE OF MARYLAND 1 - STATE

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	TITPE	OR PRINT)	MARY		THEL W	י ואליים:	BERGER			7 -	7-86	0 10:05A	1
₫	1.5EX	(PIARI	4 RACE	, I de la viva	5. DATE C			6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YE	EAR IF UNDER 24 HRS	-
d]	Female		White		Oct	. 27	1902	83	YRS	MONTHS DA	YS HOURS MIN.	
4		RTHPLACE (STATE	E OR FOREIGN	To the second second	WHAT COUNTRY?	B AAA DDIE	NEVER	MARRIED -	9 BALTIMORE CI	TY OR COUN	ITY OF DEATH		
1		Md.		US	A	WIDOWE		NORCED [BALTIMO	RE CIT	Y	M.	0
i	10 CIT	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		R OTHER INS	TITUTION	12a USUAL OCCL	PATION	12b. KINI	D OF BUSINESS OR	-
Н		BALTIMO	DE		MEMORIAL		TTAT.		Housewift	V STOF WORKING	INDUST	Sme	
ä		AL RESIDENCE IF			GIVE RESIDENCE BEFORE	ADMISSION)							-
ď	13a S	Md.	131. 600	174	City	N	YES Y	NO [4234 Fa	is Rd	21211		
	I4 FA	THER'S NAME	UNKOWN	MIDDLE	LAST		15 MOTHER	'S MAIDEN NA	UNKOWN	DIE		LAST	
H	160 W	AS DECEASED E	VER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU		17 INFORM	ANT	A	DDRESS		21227	-
ı	{\A	no or unknown	(IF YES GIV	E WAR OR DATES)	216-01-1	070D	Charl	es Wetz	elberger	Jr. 83	321 Ana.	lée Ave	
u						,						ROXIMATE INTERVAL FEN ONSET AND DEATH	=
		PART I. DEAT	H WAS CAUSE	ly ane cause per D BY:	line lar (a), (b), and	in to	>	Card	liac Arre	of	BETWE	EN ONSET AND DEATH	
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	-	To All Te		DUE TO, O	R AS A CONSEQUE	NCE OF	1 .	lowing		- 0'-	1		
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		couse (a), si	tating the	DUE TO, O	R AS A CONSEQUE	NCE OF		0	U		153		
		onderlying Co	0056 1051	(c)						_1 1 1			
	7	In " - A	1 /	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEASE OR	CONDITION	GIVEN IN PART	lia	
	9	NI 580		oronany	11.	hisea					a digital	Section 1980	
	CERTIFICATION	19a DATE OF OP	ERATION	196 COND	TION FOR WHICH	OPERATIO		1	20a AUTOPSY?		YES, WERE FIN	IDINGS USED SES OF DEATH?	
	TIFE	6-1	0-86	1 nº	tected t	otal h	ip ary	troplasti	TYES NO	-	YES 🗌	NO 🗆	ì
	GE	21a. ACCIDENT WA		21b. TIME O	FINJURY M. MONTH DA	Y YEAR	71c. HOW II	VJURY OCCUR	RED LENTER NATURE O	FINJURY IN ITEM I	8 PART I OR PART	2)	Ī
	¥	OR CONTRIBUTING		un l		19							
-	MEDICAL	21d. INJURY OCC	CURRED	21e PLACE			211 LOCATI		CITY	ORTOWN	COUNTY	STATE	Ī
	×		T WORK	(AT HOME, ST)	REET, FACTORY, OFFICE, FA	ARM EIC)					- 4		
		22a.l certify tha	it (1) (this hospi	tal) attended th	e deceased from_	512	917	19 86	, to))	19 86	_, that (I) (we) las	t
			ceosed alive an	ti view the bady	after death.	, or	nd that in (my) (aur) apinion	death accurred an I	he date and h	our and from	the couses stated	
		276 SIGNATURE		+ 1	v.	11	EGREE	1000			22c. DA	ATE SIGNED	ī
		,	rober	1 x.1	Murras	h. K		ATTENDING PHYSICIAN [MEDICAL DIRECTOR PH	STAFF	17	17/86	
		22d. PHYSICIAN	S NAME (TYPE O	R PRINT)		1	22e ADDRE	SS				1	-
		ROBE	RT L. M	URRAH J	R. M.D.		201	E. UNIV	ERSITY PA	RKWAY			
	23a. B	URIAL, CREMATIO	on, removal	23b DATE				CREMATORY	23d LOCATION		10	N/1	
	13	SPE Burial		7-11-8	b Nev	v Cath	nedral	Cemeter	ry Baltin	nore	TOWNY	Md STATE	

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is

24 FUNERAL DIRECTOR
Burgee-Henss 3631 Falls Rd 21211

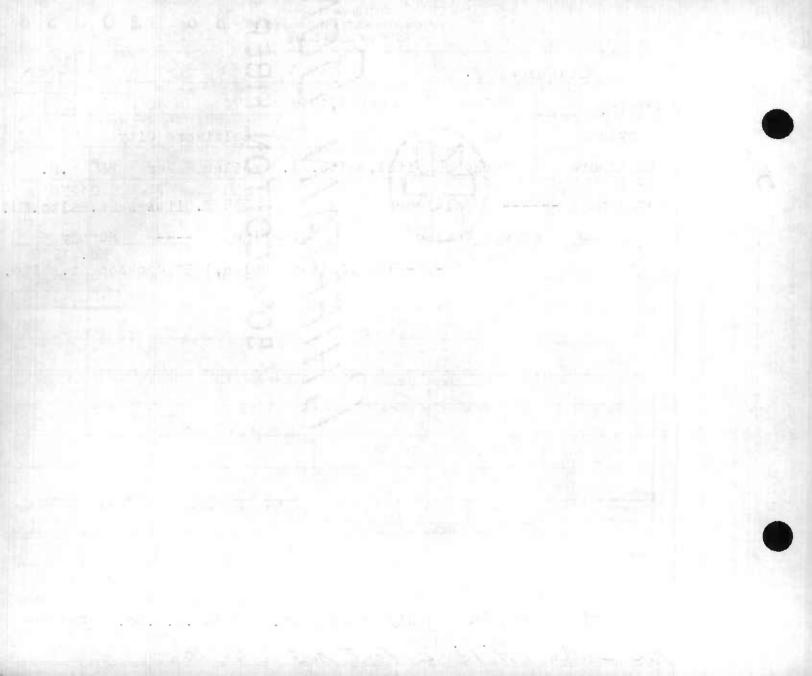
THE STATE OF STREET

787

CARL Dan Zhan Million

- I CONTRACTOR

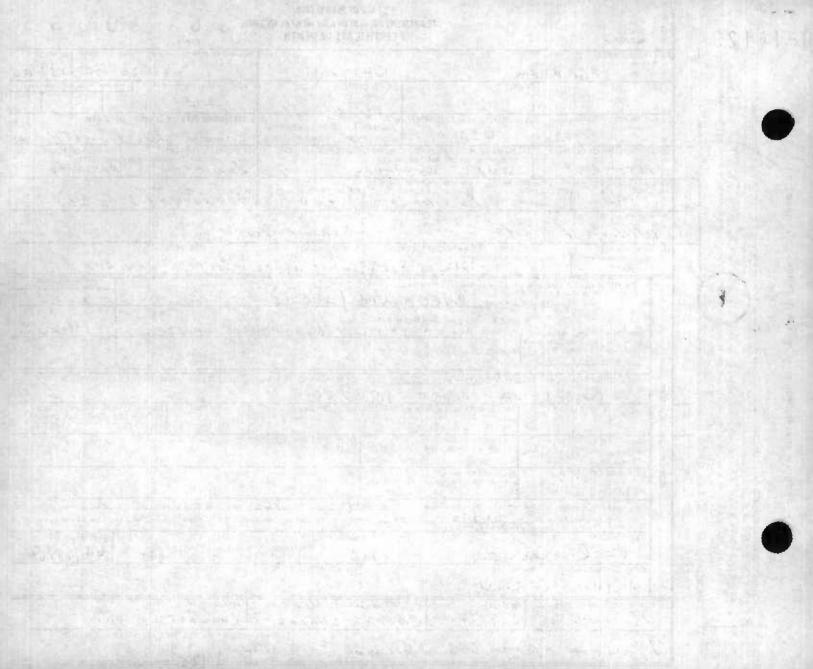
13735	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE & 6	20053
m.e		ECEASED NAME FIRST	MIDDLE	(AS)		MONTH DAY YEAR 26 HOUR
oge deoil	L	Lawre		Whalen	JU17 23	,
r. po	3. S	EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		male	White	June 7,1912°	74	YRS
in 72 ho	7	BIRTHPLACE (STATE OR FOREIGN Maryland	75. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city of	e City MD.
by the fulled with notified	7 10 0	Baltimore		ng home or other institution ital, Balto.Md.	120 USUAL OCCUPATE CTYPE OF WORK FOR MOST OF BOILER Ma.	WORKING LIFEL INDUSTRY
d 2 should be f	130 N	STATE Iaryland ATHER'S NAME FIRST	Baltimo	ore 13d INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN N FIRST	WIDDLE	ttigs St. Balto. Nd
d & S	4		Joseph Whalen	Cathe		TIGIT DILY
ges	160	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES G	EIVE WAR OR DATES!		ADDRE	Ma.21230
E E		No	216-03-	-8702 Lillian W	halen, 1351	Jackson St. Balto
remayol.		PART I. DEATH WAS CAUS	only one couse per line for (0), (b), on SED BY: ATE CAUSE (0) RESPIT	1		BETWEEN OBSET AND DEATH BETWEEN OBSET AND DEATH
signed by the offens hen please remove co o burial, crematian, jury, or other frauma	Z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU (b) CONSEOU (c) CONDITIONS CONTRIBUTING TO	COPD	rminal disease or cong	Year S DITION GIVEN IN PART 110
ene prior t	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
ntol Hygi	3.	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MONTH D	AY YEAR	IRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	FARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
for use of Health		22a I certify that (I) (this has sow the deceased alive o	pital) attended the deceased from	500	, 10	te and hour and from the causes stated
At Directed detached one Dept.		226, SIGNATURE Helen We	Un, no	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	TUL 25, 1986
ould be de the State WORLANT:		728 PHYSICIAN'S NAME (TYPE		220 ADDRESS Mer	cy Hospital	e ·
01 & w w w w w w w w w w w w w w w w w w	23a	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	11	NAME OF CEMETERY OR CREMATORY	Balto.A	.A.Co. Maryland
HMH - 16 60M 7/84		FUNERAL DIRECTOR	Balto.Md.24.23		ATE REC'D. BY REGISTRAR	25b REGISTRAR'S SIGNATURE



DECEASED FLAME PRINCIPLE MARK MEELER JULY 23, 1986 1547P	00-13599	1 -	FOR STATE REGISTRAR			STATE OF MARYLAND IT OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	GIENE 8 6	2 0 () 5 4
THE JOHN HORSE FINE CONTROL OF THE STATE OF DEATH Enter Only one course park by for roll, by and to roll by and to roll by an								DAY YEAR	
Pemale Nathwas Color Branch Nathwas Color	ge 3	Titte	CECILIA	MAR	Z WI	HEELER	JULY 23, 1986		1;47P M
Pemale Nathwas Color Branch Nathwas Color	mo).	3 SE	(4 RACE	5.		6. AGE IN YEARS LAST BIRTHDAY)		
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STATE STAT	5/V 1 6 1 5 C	B	ALTIMORE						Home
Mary land Saltimore Timonium Yes No & 309 Overlook Dr. 21093	Z Z	ATSU.	AL RESIDENCE (IF NURSING INTIN O	ROTHER INSTITUTION GIVE	RESIDENCE BEFORE ADA	MISSION)			_ HOME
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NO 216-14-4096 Albert W. Wheeler - same as #13e REPUTED SHAPE AND PEATH REPORT OF DEATH Enter only one couse per log for (o., th), and (c.) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) UNDERTOON OF THE PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) UNDERTOON OF THE PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) UNDERTOON OF THE PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) UNDERTOON OF THE PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) UNDERTOON OF THE PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) UNDERTOON OF THE PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) UNDERTOON OF THE PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) UNDERTOON OF THE PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) UNDERTOON OF THE PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) UNDERTOON OF THE PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) UNDERTOON OF THE PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) UNDERTOON OF THE PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) UNDERTOON OF THE PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) UNDERTOON OF THE PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) UNDERTOON OF THE PART I. DEATH WAS CAUSED BY. INDEED TO A CAUSE OF THE PART I. DEATH WAS CAUSED BY. INDEED TO A CAUSE OF THE PART I. DEATH WAS CAUSED BY. INDEED TO A CAUSE OF THE PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (O) UNDERTOON OF THE PART I. DEATH WAS CAUSED BY. INDEED TO A CAUSE OF THE PART I. DEATH WAS CAUSED BY. INDEED TO A CAUSE OF THE PART I. DEATH WAS CAUSED BY. INDEED TO A CAUSE OF THE PART I. DEATH WAS CAUSED BY. INDEED TO A CAUSE OF THE PART I. DEATH WAS CAUSED BY. INDEED TO A CAUSE OF THE PART I. DEATH WAS CAUSED BY. INDEED TO A CAUSE OF THE PART I. DEATH WAS CAUSED BY. INDEED TO A CAUSE OF THE PART I. DEATH WAS CAUSED BY. INDEED TO A CAUSE OF THE PART I. DEATH WAS CAUSED BY. INDEED TO A CAUSE OF THE PART I. DEATH WAS CAUSED BY. INDEED TO A CAUSE OF THE PART I. DEATH WAS CAUSED BY. INDEED TO A CAUSE OF THE PART I. DEATH WAS CAUSED BY. INDEED TO A CAU	S E E				SOCIAL SECURIT				- V
IB CAUSE OF DEATH LETter only one course per laye for (a), (b), and (c) Return to the course of	South and the				6-14-409	Albert W W	Theeler - came ac	#130	
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DUE TO, OR AS A CONSEQUENCE OF COUNTY The property of the	DET CONTRACTOR OF THE CONTRACT								
Underlying cause last. Comparison of the properties of the prop	E 2000								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110:	* 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				ACONSCOULAC				
OR CONTRIBUTING CAUSE OF DEATH CITY OR TOWN COUNTY	2000		PART 2 OTHER SIGNIFICANT		IBUTING TO DEA	TH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 1	a ·
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OR CONTRIBUTING CAUSE OF DEATH CITY OR TOWN COUNTY	8 11857	CAT	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OP	ERATION WAS PERFORMED		, WERE FINDIN	NGS USED
OR CONTRIBUTING CAUSE OF DEATH CITY OR TOWN COUNTY	2 W 18 24 1	TIFI	7/23/86	Kupher	ed Anu	wygw			
220. I certify that (I) (this haspital) Plended the deceased from Mult 1, 19 0 , ta July 3, 19 0 , that (I) (we) last saw the deceased alive an July 23, 19 0 , and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above. (II) (we) (did) (did nat) view the bady after death. 220. I certify that (I) (this haspital) Plended the deceased from Mult 2, 19 0 , ta July 3, 19 0 , that (II) (we) last saw the deceased alive an July 23, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above. (II) (we) (did) (did nat) view the bady after death. 220. DATE SIGNED 221. DATE SIGNED 222. DATE SIGNED 223. PHYSICIAN DIRECTOR DIRECT	VII Z.	e e				21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)	
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DEGREE THE AGE OF THE STORY OF THE POLY O	ZDIN ZDIN Z: Af		220.1 certify that (1) (this hasp	ital) affended the dec		Wy 14 , 1986	to July 23		
BP	TTER Porto for of H		saw the deceased alive an above (1)(we) (did) (did no	t) view the bady after	death. 1986	and that in (my) (aur) apinian	death accurred an the date and hav	and from the	causes stated
BP Burial 7-28-86 Dulaney Valley Cockeysville, Balto: Md. Display 1250. DATE REC'D BYREGISTRANG COUNTY STATE ADDRESS 1230. NAME OF CEMETERY OR CREMATORY DHMH-16-50M 4/B3 DHMH-16-50M 4/B3 DHMH-16-50M 4/B3 DMMULICALS 1230. NAME OF CEMETERY OR CREMATORY DULANCE VALUE ADDRESS DULANCE VALUE 230. DATE REC'D BYREGISTRANG CEMENTORY ADDRESS DYORK Rd. DIRECTOR PHYSICIAN DIRECTOR PHYSI							/	22c. DATE	SIGNED
BP	A # H # H I I I I I I I I I I I I I I I I		John Mu	Charies.			MEDICAL STAFF DIRECTOR PHYSICIAN		
BP Burial 7-28-86 Dulaney Valley Cockeysville, Balto Md. OHMH-16-50M 4/83 PUNEAU DIRECTOR NAME DHAME-16-50M 4/83 PUNEAU DIRECTOR ADDRESS 1050 York Rd. 236. NAME OF CEMETERY OR CREMATORY 1236. LOCATION COUNTY STATE COCKEYSVILLE, Balto Md. ADDRESS 1050 York Rd. 256. DATE REC'D BYREGISTRANG COUNTY STATE ADDRESS 1050 YORK Rd.	SPIT d by NER De c Ste Ste	2/1	22d. PHYSYGAN'S NAME ITYPE	OR PRINT)		22e. ADDRESS	0. 46	- 1 1	^
BP Burial 7-28-86 Dulaney Valley Cockeysville, Balto Md. OHMH-16-50M 4/83 PUNEAU DIRECTOR NAME DHAME-16-50M 4/83 PUNEAU DIRECTOR ADDRESS 1050 York Rd. 236. NAME OF CEMETERY OR CREMATORY 1236. LOCATION COUNTY STATE COCKEYSVILLE, Balto Md. ADDRESS 1050 York Rd. 256. DATE REC'D BYREGISTRANG COUNTY STATE ADDRESS 1050 YORK Rd.	POR POR		G.M. W.11	i Cuss		606 Black	ock John Town	lus Ho	70.
DHMH - 16 50M 4/83 24 FUNERAL DIRECTOR NAME ADDRESS 1050 York Rd. 250 DATE REC'D BYREGISTRANG COMMITTINE	5 £ 5 € 3 ₹	23a E	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAA	AE OF CEMETERY OR CREMATORY			7
DHMH - 16 50M 4/83 24 FUNERAL DIRECTOR NAME ADDRESS 1050 York Rd. 250 DATE REC'D BYREGISTRANG COMMITTINE	BP	Bi	rial	7-28-86	Du	lanev Vallev			
	DHMH - 16 50M 4/R3		INERAL DIRECTOR				TE REC'D BY RECIENT AR 256 REGIST	PARIS CEMAN	ORE
		Rı		ral Home.			OF 20 1900		2);



4123	1	1-	FOR STATE REGISTRAR	DI	EPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	2005	5
1	1		EASED NAME FIRST	WIDDIE	L.	AST .	20. DATE OF DEATH	MONTH DAY YEAR 26. H	HOUR
2 75		LITPE	ORPRINT) ABRAH	Am	WH	ITE	0	7 30 86 10	55 AM
f. 24	1	3 SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UN	NDER 24 HRS
* of .		do.	M	B	MONTH	DAY YEAR	72	YRS.	RS MIN.
mercul de 172 ha 100 ke	3		OUNTRY)	76 CITIZEN OF WHAT COL	JNTRY? 8. MARRIE WIDOWE	DINEVER MARRIED DINORCED	9. BALTIMORE CITY OF	BAATO, GITS	ME
1 11 4	12		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GE			120. USUAL OCCUPATION	ON 12b. KIND OF BUS INDUSTRY	
Tilled in	E	SUA	LERSIDENCE (IF NURSING HOME (TATE)	OR OTHER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES MO	13e STREET ADDRESS /		
	0	14 FA	THER'S NAME FIRST VOILLAM HE R	MODIE 1	AST	CARALLE D		LAST	
ond on	1		VAS DECEASED EVER IN U.S. A ES NO ORUNKNOWN) (IF YES, C	IVE WAR OR DATEST	AL SECURITY NO.	17 INFORMANT	ADDRE		
		No. of Street, or other Persons and the street, or other persons are street, or other persons and the street, or other persons and the street, or other persons and the street, or other persons are street, or other persons and the street, or other persons are street, or other persons and the street, or other persons are street, or other persons and the street, or other persons are street, or other persons and the street, or other persons are street, or other persons and the street, or other persons are street, or other persons and the street, or other persons are street		DUE TO, OR AS A COL	NSEQUENCE OF	4 SEPSIS		APPROXIMATE I BETWEEN ONSET X de	NTERVAL AND DE ATH
gred by the offers of please remove bursal, cremotions, cremotions, ye or other trap.	*	7	Conditions, if any, which gove rise to immediate couse (D), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A COL	NSEQUENCE OF				a
1000		TION	GN GES			LVRE			
3 1 2 3	9	FIFICA	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS L IN CERTIFYING CAUSES OF D YES \(\)	
entificate of month stal Hygi em 18 sh	9	AL CERT	? 10 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MON	TH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I ORPART 2)	
the bur tond Me	1	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		ZII LOCATION STREET	CITY OR TOV	AN COUNTA	STATE
TON A			220 I certify that (I) (this hos	pital) attended the deceased in 07 36 nat) view the body after death	A .	ad that in (my) (aur) apinian	death occurred an the da	te and have and from the cause	(1) (we) last es stated
AL DRE			1276. SIGNATURE	alinen		ATTENDING PHYSICIAN	MEDICAL STAF	PER DATE SIGN	186
O FUNES TO FUNE TO FUNE SORTAN	1		ARTHUR C	EBSON		??e ADDRESS			
Bb			SURIAL, CREMATION, REMOVA	1 236. DAJE 8/1 / 5 6		EMETERY OR CREMATORY	23d LOCATION City or town	is my	STATE
DHMH 16 60M 7/	B4		INERAL DIRECTOR	Harm 635/A	DORESS CII AA	25e DAT	E REC D. BY REGISTRAR	25b REGISTRAR'S SIGNATURE	4



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page

STATE OF MARYLAND STATE REGISTRAR

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

86 20056

- 1						KEG. 140			
1		CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	{TYPE	JOHN		WHITE		JULY	7.	1986	3:25A
				.,,					M
	3. SEX		4 RACE	5. DATE OF BIRTH		6 AGE LIN YEARS LAST BIRT	HDAY	MONTHS DAYS	IF UNDER 24 HRS
		M.	NEGRO	10th 2	1 72	X	7	MONTHS DAYS	HOURS MIN.
							YRS.		
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8	EVER MARRIED	9 BALTIMORE CITY O	_		
		Md	11.5.4	WIDOWED	DIVORCED [BALTIMOR	E C	ITY	MD.
0	10 (1)	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			120 USUAL OCCUPATE			OF BUSINESS OR
1	10 (1	IT OR TOWN OF DEATH	LIE NOT IN SUCH FACILITY GIVE STRE	ET ADDRESS)		LITURE OF WORKSTOR MOST O			F BUSINESS OR
1	В	ALTIMORE	THE JOHNS H	HOPKINS H	HOSPITAL	LABAYO		Kol	(00)
9	USUA	AL RESIDENCE OF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)		11401		717	Company of the Compan
	130. S				SIDE CITY LIMITS?	13 STREET ADDRESS	ZIP COI	DE	7
1		md -	BAL	YES Y	NO 🗌	1718 211	CPD	oer 2	
	14. FA	THER'S NAME		15 MC	THER'S MAIDEN NAM	ME ,	17)		
		F JIRST AL AR 1	MIDDLE A		FIRST	AND MIDDLE		LAS	ST .
	1	La WAKO	VAII		17/10/	MINUT	_ ^		
		VAS DECEASED EVER IN U.S. AR		CURITY NO. 17 IN	ORMANT //	2 ADDRE	SS	1 1	A
	(A	YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)		100001	10,000/ 6	218	b. 11/2	John N
.,		170			MBRE OL	201019	10	11 111	LA JOHN AL
			nly one cause per line for (a), (b), a	and (cs.)				APPROX	MATE INTERVAL
		PART I. DEATH WAS CAUSE	(000000	ULMONARY	ARREST				,
Н		IMMEDIA	TE CAUSE (a) CARDIOP	DEPTURANT	711-1231				
			DUE TO, OR AS A CONSEO	DUENCE OF					
		Conditions, if any, which	((b) PULMON		GESTION				DAY
		gove rise to immediate	(B)	0.10					
		couse (a), stating the	DUE TO, OR AS A CONSEO						
		underlying cause lost.	(PROGRES	SIVE END	STAGE AL	SHEIMERS		_ /	+ YRS
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RE	LATED TO THE TERM	IN AL DISEASE OR CON	DITION G	IVEN IN PART 1	O)
	z								
	CERTIFICATION		Now						
7	A	190 DATE OF OPERATION	1% CONDITION FOR WHIC	CH OPERATION WAS	PERFORMED	200 AUTOPSY?		ES, WERE FINDI	
	Ē			-		YES NO NO		YES []	NO []
0	2	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	121c H	OW/ INTITION OCCUPE	RED (ENTER NATURE OF INJUI			
)		OR CONTRIBUTING CAUSE OF DE	LIGUE A MA MONITUL		OW INJURY OCCUR	(ED (ENTER NATURE OF INJUI	RY IN ITEM 18	8 PART I OR PART 2)	
	AL	(IF EITHER NOTIFY MEDICAL EXAMINE	ALIE .	19	_				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		OCATION				
	3		(AT HOME, STREET, FACTORY, OFFICE		STREET	CITY OR TO	WN	COUNTY	STATE
	_	AT WORK NOT WHILE	_						
		229 L certify that (1) (this hasp	ital) attended the deceased from	6/26	19 86		77	19 86	that (we) last
		saw the deceased alive an			in (my Paur) animon (death accurred on the de	ate and h		
		obove,(I) (we) (fid) (did no	ot) view the body ofter death.	, ond mar	Transcour, opinion o	deom occurred on me de	ne and ne	oor and from the	cooses sidied
		226 SIGNATURE	1	DEGREE				22c. DATE	SIGNED
		MARKOV K	Maramo O	110	ATTENDING	MEDICAL STAF		7/7	100
_		///		MI		DIRECTOR PHYSIC		- //	do
		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)	77e A	DDRESS 600	N. WOLFE	5-		
		GRIMMETT,	MICHAEL R		RAIT	MORE, MO		1	
		1						+	
		BURIAL, CREMATION, REMOVAL	236. DAJE 23	NAME OF CEMETER	Y OR BREMATORY	23d. LOCATION	1	TOWNEY	Cy state
	,	KIANIAII	111101861	DARA N	11/1/201	De la ill	100	unto.	MI
	24 E1	JNERAL DIRECTOR		THE !	A IZED DATE	EREC'D. BY REGISTRAR	25h DEC	STRAPISAICNIA	TUDE
	2	NAME	1) Ka , 15 , APPRES	an IVa Tal	11/20 1		130 KLOI	STRAK SISIONA	JUNE 1
	- /	0 11 -T1. AAI	11/ harthard II I all to the I	us si u alni b		1111 - 400	- /		The second of William

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR:

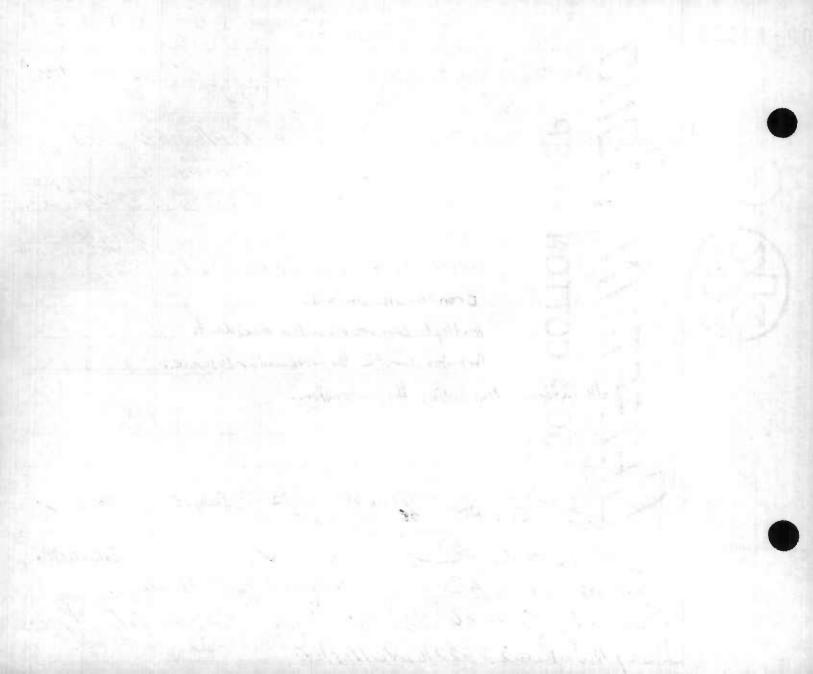
should be detached far use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene priar ta burial,

IMPORTANT: If them 21 is marked or them 18 shows any

this certificate has been



0-12696	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE & 6	2005/
be oge 3 death		CEASED NAME FIRST	ni Bessie	white	20 DATE OF DEATH MONTH	15-86 7:30 M
ge 4 moy	3. SE	Female	Co/ 2	5. DATE OF BIRTH DAY 3-1917	6 AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR OF UNDER 24 HRS
at once	E	Alb. md	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	- 1 / / / / / /	e City MD.
. (Trado	100	BALTO, The	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE BREEF	RELINGION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND & BUSINESS OR INDUSTRY
062	12	Bryland	OF THER INSTITUTION GIVE RESIDENCE BEFOR	13d INSIDE CITY LIMITS?	3669 North 17	Kansus Cik
026	2	JESS-0	HOOR Whil	15. MOTHER'S MAIDEN I	NAME	white
3		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 18b SOCIAL SEC	M /) 4	noce Pobox41	Ansas City, mo.
ST., BALT		PART I. DEATH WAS CAUS	only ane cause per line for (a), (b), a SED BY ATE CAUSE (a) Bron 4	opneumonia		APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
1 W. PRESTON that the spouth or by the arrending one remove cofis il, cremation, or it other troustatic		Conditions, if any, which gove rise to immediate coute (a), stating the underlying cause last		ENCE OF LANCE OF LANC	accident.	
RDS, 20 pquires 1 Then ple to buris relarry, or	NO	PART 2 OTHER SIGNIFICANT	exctolenes contributing to	DEATH BUT NOT RELATED TO THE TE	rminal disease or condition c	EIVEN IN PART 1:0
A RECO	THICATION	THE DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
OF VIII.	CAL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. MONTH D	AY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM I	B PART I OR PART ?}
MISSION Commence The Part State Survey of the Part Award on 1	MEDICAL	21d INJURY OCCURRED NOT WHILE AL WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	G	CITY OR TOWN	COUNTY STATE
Distriction of TTENDIN or TOR At Tors one or or Health		220-1 certify that (1) (this los	pital) attended the depased from pital of the pital of th		2 , to July 16 on death accurred and h	our and fram the causes stated
Al OR A the box Al Diffe of Dept of Bept		22b. SIGNATURE	Take Mile	DEGREE ATTENDING PHYSICIAN		Jale 17,1986
O HOSPIT. TO FUNER should be diving the State MAPORTAN		GEORGE T	ALER, M.D.	17e. ADDRESS 600 Lizht	St. Balt. Md. 21.	280.
9999899	1	SUBJAL, CREMATION, REMOVA	7-21-86 /	DAME OF CEMETERY OR CHATOR	PANISAS	CHUK KANSAS
DHMH 16 60M 7/84 (VRA 15, 4)	24 FI	oseph 1.1	Quess 22224	North Ave.	TULE 1 TRESIDENT 250 REGIO	STRARS SIGNATURE



MArch Funeral Homes 1101 East North Avenue

STATE OF MARYLAND

26 HOUR

21212

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO I

STATE

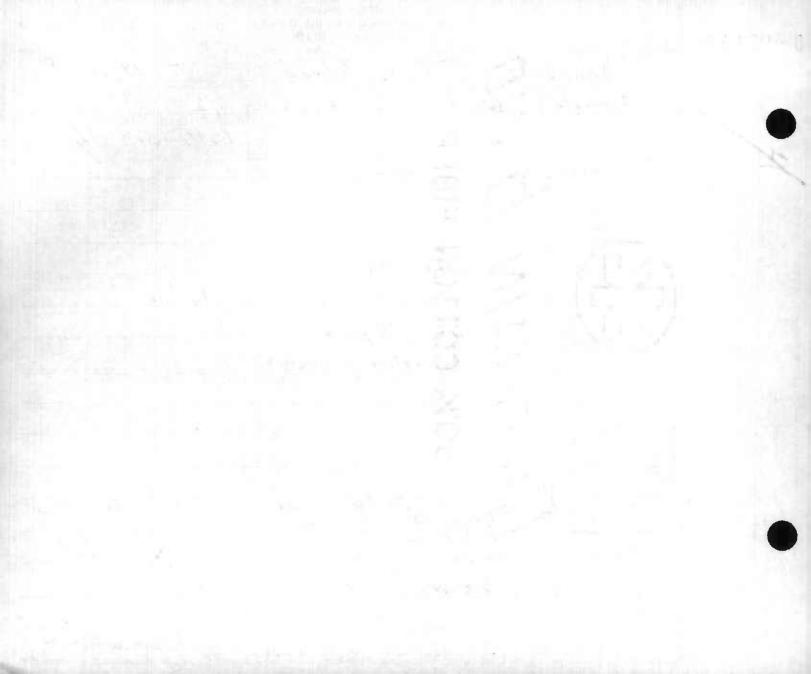
COUNTY

COUNTY

25e. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Md.

DHMH - 16 60M 7/84 (VRA 15, 4)



SANTESTA DESCRIPTION OF THE PROPERTY OF THE PARTY OF THE

Liver II water and

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ATTENDED TO A TOTAL OF THE STATE OF

DEPARTMENT OF HEALTH AND MENTAL HYGIGNE ()

1.	- STATE REGISTRAR	DET A	CERTIFICATE C		REG. NO			
	CEASED NAME FIRST ALBERT	MIDDLE L.	LOHITF,		20 DATE OF DEATH	7 22	86	26. HOUR 555
3.5E	×	4. RACE	5 DATE OF BIRTH	7 29 6	AGE (IN YEARS LAST BIRTH	YRS.	NDER 1 YEAR	IF UNDER 24 HRS
	IRTHPLACE I STATE OF FOREIGN COUNTRY) N. C	76 CITIZEN OF WHAT COUNTR	MARRIED NEV	PER MARRIED DIVORCED DI	Baltimore city on	countrof	CIT	y MD.
B	altimore	NAME OF HOSPITAL, NUR AFRODIN SUCH FACILITY, GIVE STR	ISING HOME OR OTHER REET ADDRESS) HOSPITA	INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF		INDUSTRY	Belto Gas ectric Co.
	AL RESIDENCE (IF NURSING) OR STATE 136 UN				3e.STREET ADDRESS /	ZIP CODE	Lan	21207 e
14 F	ATHER'S NAME FIRST LEVOY	Whith	field a	FIRST ALDEN NAME	MIDDLE		Ma	son
	WAS DECEASED EVER IN U.S. ARI (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SE 239-3	32-4536 Albe	et Whitfield	dJr94 Ho	n Hout	5 pr	ing field Mas
		ly one couse per line for ioi, (b), D BY: E CAUSE (o) DUE TO, OR AS A CONSEC	GI	leed 1			Her Her	MATE INTERVAL ONSET AND DEATH Clay
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	QUENCE OF Alcoho	lign			74	ars.
NOI	PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING 1	ODEATH BUT NOT RELA	Left auto	enial & RIG	HT bu	ndle l	want Street
CERTIFICATION	19a DATE OF OPERATION	IN CONDITION FOR WHI	ICH PPERATON WAS PE	HEOMAED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER		DAY YEAR		D (ENTER NATURE OF INJUR	IN ITEM 18 PART	OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	2)e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	CE. FARM ETC)	ATION TREET	CITY OR TOW	N	COUNTY	STATE
	22a I certify that (†) (this hospin saw the deceased alive an above, (†) (we) (did) (did no	9/. 2	01	(my) (a/1) opinion de	eath occurred on the da			that (I) (we) last causes stated
	22b. SIGNATURE	J. Sh.J'	DEGREE	PHYSICIAN A	MEDICAL STAF		22c. DATE	SIGNED
	JAVA 1	M SHAF!	23	6.	sism B1	2 212	-16	

23c NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT: If Hem 21 is marked or Item 18 shaws

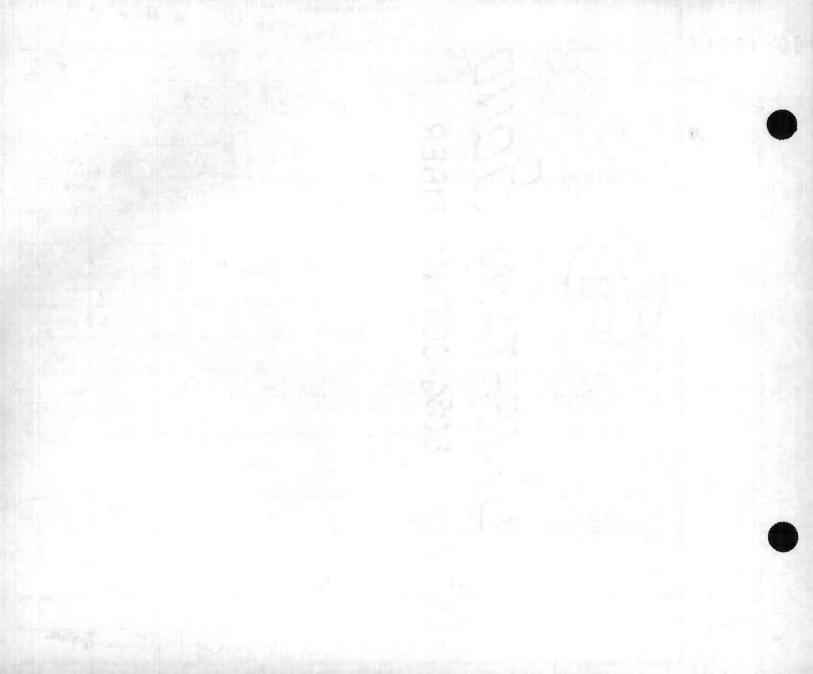
24 FUNERAL DIRECTOR March Funeral Home West 4300° Wabash Avenue

7/28/86

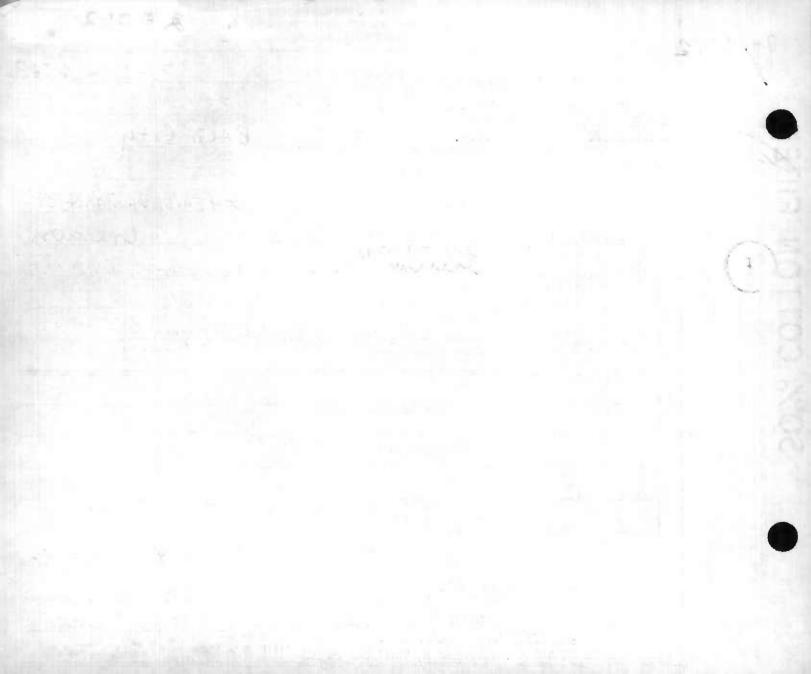
23a BURIAL, CREMATION, REMOVAL (SPECIFY) Buriāl

Barthmore

Md



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 2a. DATE OF DEATH DECEASED NAME TYPE OR PRINT ROSE NIENER IF LINDER 1 VEAR F UNDER 24 HRS 4 RACE & AGE (IN YEARS LAST BIRTHDAY) 3. SEX YEAR F EMALE WHITE 03 CONNECTICUTOREIGN BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED CONNETTONT U.S.A. DIVORCED | WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY TYPE OF WORK FOR MOST OF WORKING HEET (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE HOUSEWIFE AT HOME HOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 STREET ADDRESS / ZIP CODEAPT. G (21209) CITY OR TOWN 3004 FAL 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE KALMEN **ISEKOFF** ELIZABETH FORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) (YES. NO OR UNKNOWN) MR. A. HARRY WIENER 3004-G FALLSTAFF MANOR CT NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOL YES [NO -216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY DIVISION OF VIT HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL HE FITHER NOTIFY MEDICAL EXAMINERS P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OF TOWN AT HOME STREET, FACTORY, OFFICE FARM, ETC.) WHILE . NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. 19_______, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on. above, (1) (we) (did) (did not) view the body after death 22c DATE SIGNED DEGREE 22b. SIGNATURE STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN PORTANT 22e ADDRESS 274 PHYSICIAN'S NAME LTYPE OF PRINT ald E BENNETT MILLER 0 23d LOCATION 23r NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b DATE BURIAL 7/24/86 MIKRO KODESH BETH ISRAEL BALTIMORE MARYLAND SOL ELEVINSON & BROS., INC. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215 (VRA 15, 4)



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8	1.	FOR STATE REGISTRAR		DEP	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 6 REG. NO. 2 0 0 6							3			
	DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)			MIDDLE	LE LAST				Ze. DATE OF DEATH MONTH DAY YEAR ZE HOUR						
	ANDREW				WILDBERGER			Julv	12.	198	86		100		
	3. SE	3. SEX 4. RACE			5. DATE OF BIRTH			6 AGE (IN YEARS		-		RIYEAR	IF UNDER	24 HRS	
		Male	White	White		10 12 1910		l'anna	75	YRS	MONTHS	DAYS	HOURS	MIN.	
		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		TRY? 8	MARRIED NEVER MARRIED			9 BALTIMORE CITY OR COUNTY OF DEATH						
16		arvland	U.S.A	U.S.A. WIDOW				Baltimore City M						MD.	
	10 CITY OR TOWN OF DEATH # 11. NAME OF HO			HOSPITAL, NU	OSPITAL, NURSING HOME OR OTHER INSTITUTION			120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR							
2	Ва	altimore	SI VI	SINA HOSPITAL			0	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Longshoreman							
1	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION,	GIVE RESTDENCE	BEFORE ADMISSION)	t uni								-	
5	Maryland Baltimore			Dundalk		YES NO X		13e STREET ADDRESS / ZIP CODE 213 Detroit Aver							
-		ATHER'S NAME	THOTE	Duilda.	TX		S MAIDEN NAM		CIOI	LAVE	nue		21	222	
-	Ja	acob	raer	FIRST			MIDDLE				T				
-		WAS DECEASED EVER IN U.S. AR		Wildbe:	SECURITY NO.	17. INFORMA	NT	Not	ADDRES						
2	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)							A16 TO 2.7							
	16	18 CAUSE OF DEATH (Enter or		1-2637	MITTI	am Wild	oerger Sam				Me as 13e				
		Conditions, if any, which gove rise to immediate couse lost the underlying couse lost.	(c)_		EQUENCE OF										
	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS <u>CC</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE O	RCOND	ITION GIV	'EN IN P	ART 110			
7	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFO	RMED	YES NO		20b. IF YES IN CERTIF YE	YING C	FINDIN	GS USED OF DEATI	H?	
7		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110	M. MONTH	DAY YEAR	21c HOW IN	JURY OCCURRE	ED (ENTER NATURE	OF INJURY	IN ITEM 1B P	ART I OR I	PART 2)			
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (OF INJURY EET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATIO	N	CI	TY OR TOW!	4	COL	YIMI	ST	TATE	
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		22b. SIGNATURE	(ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						6					
		27d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS										
		Arthur Lebson,		3640 Fords Lane											
	230 B	BURIAL, CREMATION, REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR C		23d. LOCATIO							
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DHMH - 16 60M 7/84 (VRA 15, 4)

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Duda Ruck Funeral Home of Dundalk, Inc.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

No. 1 a later

uc ucrel ocol m. 1, Inc.

ADDRESS

Hubbard Funeral Home, Inc. 4107 Wilkens Ave

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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IVISION IG PHYS attendin attentis as the bur and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (OF INJURY EET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATIO STREET	N	CITY	OR TOWN	COUNTY	STATE
TTENDIN oitel or TOR. Af- for use a of Health		22a. I certify that I Dhis haspi saw the deceased alive an	718151	72 19	6/27	d that in my	, 19_86 (our) opinion o	, to	ne date and he	~	hat (i)(we) last ouses stated
OR A DIREC Inched Ched :		22b. SIGNATURE	1) view the body	offer death.		DEGREE				22c. DAJE S	
AL Tr. III		Edward t	Topper			A P	TTENDING HYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN 🔀	7(8)	186
O HOSPITAL etained by t TO FUNERAL should be det with the State		EDWARD K				22e ADDRESS	hns Ho	pkins H	osp.		
BP———BP——	23a B	URIAL, CREMATION, REMOVAL SPBURIAL	7/16/8			emorial		Randa 1	štown,	COUNTY	Md .STATE
DHMH - 16 60M 7/84		INERAL DIRECTOR	11/	O.1 C.ADDRESS	1 - 11	0	25a DATE	REC'D. BY REGIST	RAR 256: REGI	STRAR'S SIGNATU	RE
(VRA 15, 4)	[V]	arch Funeral Ho	mes 110	JI East"	vorth	Avenue	1112	1 5 1986	1		

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME FRSBarbara IAST WI TAME 20. DATE OF DEATH 2b. HOUR TYPE OR PRINT 055 4. RACE 5. DATE OF BIRTH 9/26/24 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR white 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City U.S.A. WIDOWED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR Realtor Real Estate Edgewood Nursing Home Baltimore SUAL RESIDENCE (IF NURSING HOMEON OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136. COUNTY 136. CITY OR TOWN 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 5714 Bradley Blvd./20814 Montgomer Rethesda MD YES X NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Trainer Helen Elbert S. Towt ADDRESS Arlington, VA 22204 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT YES NO OR LINKNOWN (IF YES, GIVE WAR OR DATES! Thomas N. Williams, III, 200 S. Wayne St. 579-20-8499 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to ORAS A CONSPOUENCE OF Canditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOTA YES [NO [210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) ve 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [22e ADDRESS 23a BURIAL CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY 23b. DATE 7/10/86 Burial Green Hill Cemetery Berryville, VA

DHMH - 16 60M 7/B4 (VRA 15, 4)

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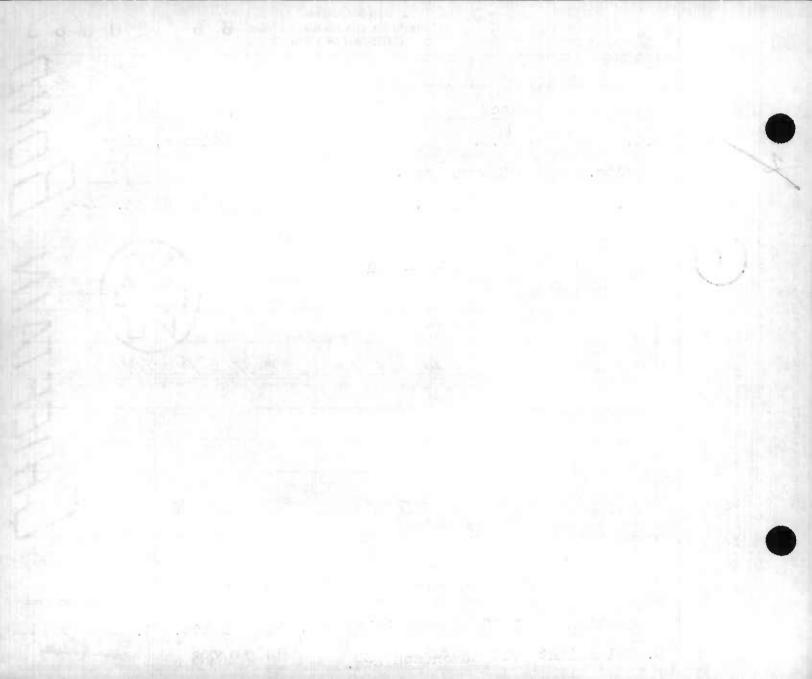
24 FUNERAL DIRECTOR JOSEPH Gawler's Sons. Inc. 5130 Wisconsin Ave., NW, Washington, D.C. 20016 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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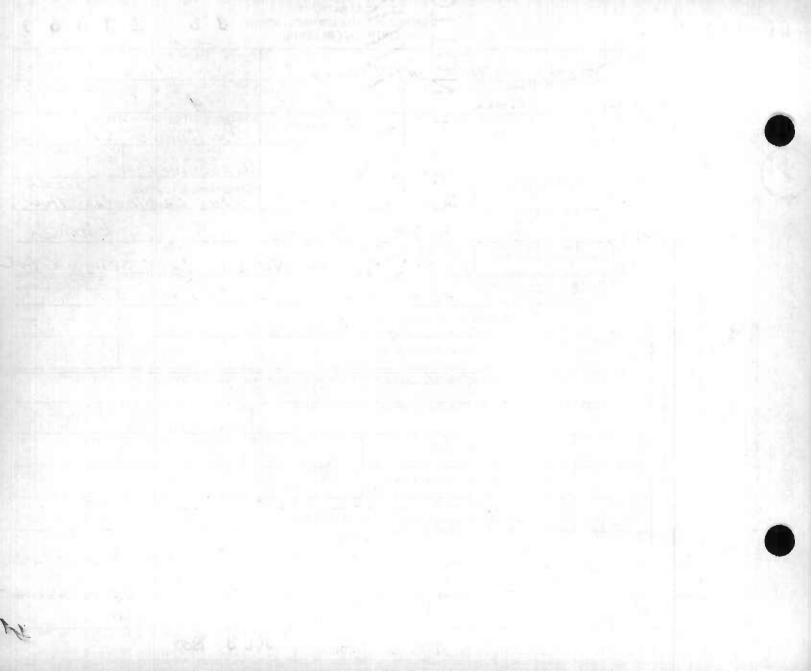
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urial 7/1/4 Free 111 Freeter Ferryville, VA Joseph Tryler's sons, Irc.

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				STATE OF MARYLAND	0 / 0	A) (2) ((4)
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ay be age 3 death	(1786	DOROthy	Thomas	ion Williams	10/4	6 186 1203 M
frer of	3 SE	× / (I. RACE	5. DATE OF BIRTH MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
ecto urs a		emale	Black	2 17 32	54 YRS.	
1 2 2 5		RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore CITY OR COUNTY	C.L.
# P 17	10. C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (JYPE OF WORK FOR MOST OF WORKING LIF)	126 KIND OF BUSINESS OR
The state of the s	10	attimore	St Han	es Hospital	Unemployed	INDUSTRY
ad be		AL RESIDENCE (IF NURSING HOME OR C	TY 13L CITY OR	TOWN 134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	
hin hin show	14. F/	ATHER'S NAME	Dar	TIMORE YES X NO 1	1208 Semil	role Hie
AARY and set of with	4		Kas Kas	icht Donalthu	WIDDLE	Robinson
RE, A		VAS DECEASED EVER IN U.S. ARM	NED FORCES? 166. SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	-
IMORE,		YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 2/3-	30-2828 Victor Wi	Miams 1208	Se Minole Aw
r, BALT ficate by papers papers naval.		18 CAUSE OF DEATH (Enter only	y one cause per line for (a), (b), apd (c).)	60	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IST., BA		PART I. DEATH WAS CAUSED IMMEDIATE		tastatic Die	east Carcillon	10. 1977
death control of the			DUE TO, OR AS A GONS	Mata -	-/;	1987
e de atte move frou		Conditions, if any, which gave rise to immediate	(b)	ing plejasja	3/3	// 02
by th		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SE QUENCE OF		
20 res 1 les		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 1(a)
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RECORDS, I law requir os been sig bermit. There he prior to be ws any injur	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH?
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DIVISION OF VITAL NG PHYSICIAN: The offending physicion frer this certificate h os the buriol-tronsit p th and mental Hygier orked or item 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	H DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART (OR PART 2)
NO NSIC Ing cert cert cert cert cert cert cert cert	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19 21f LOCATION		
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DING or or or date		22a certify that (I) (this haspite	all attended the deceased f	10 S C	7/5	19 86, that (1) (we) lost
TTEN Dirtal TOR: for us of He		sow the deceased alive an above, (I) (we) (did) (did not)	7/5	No. /	death accurred on the date and how	
OR ATT OR ATT ORECT DIRECT Obept of them 2		22b. SIGNATURE	Wewthe aboy after Beam.	DEGREE		TH. DATE SIGNES
75 750 -		XI	Inica	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	7/6/85
O HOSPITAL TO FUNERAL Should be det with the State MAPORTANT.		22d. PHYSICIAN'S NAME TYPE OR	Bone/	22e. ADDRESS S+	Agnes Ho	rspital:
	23a l	BURIAL, CREMATION, REMOVAL	23b. DATE	231. NAME OF CEMETERY OR CREMATORY	OWINGS Mi	1 1°SNTY SM'8
BP	04.5	Burial	7/10/86	Garrison Forest Vet	Ÿ	
DHMH - 16 60M 7/84		uneral director larch Funeral Hoi	me West 43000	Wahash Avenue	EREC'D BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
(VRA 15, 4)	l'	al cit i dilei al 1101	NE36 4300	Habasii Avellae	(/	



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9	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEA		ENE 8 6	2	0	0 7 0
	ECEASED NAME FIRST	A	MIDDLE	ı	LAST		20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR 2
1	The state of the s	Ellen V	Williams	5				7-16-8	6	17154
3.5		4 RACE		S. DATE C			6 AGE IN YEARS LAST BI	RTHDAY) IF	NINS DAYS	HOURS MIN.
L	FEMALE	BLA		5	14	OL1_	82	YRS		HOURS MIN.
pe	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIE	D NEVERMAN	RRIED 🖄	9 BALTIMORE CITY			
	Maryland	USA		WIDOWE			Baltimo			- 1-1
10	CITY OR TOWN OF DEATH	11. NAME OF }	HOSPITAL, NURSIN	IG HOME (ADDRESS)	OR OTHER INSTITU	JTION	170 USUAL OCCUPAT			OF BUSINESS OR
	baltimore	St. 1	Agnes Ho		tal		Homemake	er		Home
	UAL RESIDENCE LIF NURSING HOME OF STATE 136 COUR BAL	YTY	13c. CITY OR TOW RELAY		134. INSIDE CITY	LIMITS?	13e.STREET ADDRESS	ZIP CODE Rollin	altimo	ore, Md. 21227
10.1	FATHER'S NAME			11900	15 MOTHER'S M	AIDEN NAM	AE .		100	
9	Joseph A	lbert	William				Priscilla		Irelar	nd
160	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU		17 INFORMANT		ADDR	ESS		
	No.		215-32-	2892	Nell	ie Wi	lliams l'	724 S.	Rol	ling Rd.
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	220 certify that (1) (this hospi saw, the deceased alive an	1 1	19 2			19	leath occurred on the o	ate and haur		
(Ju & A	5		m.	PHI	ENDING YSICIAN	MEDICAL STA	FF CIAN []	7/J	16/16
	John C Ho	erenti	-		127e ADDRESS	Fran	cis Ave.	-Balto	.Md.	#21227
23a	BURIAL, CREMATION, REMOVAL	238 DATE	23c. 1	NAME OF C	EMETERY OR CRE		23d LOCATION			
	Burial	7/21/	1986 Art	outus	Memorial	Park	CITY OR TOWN			Maryland
24	FUNUE TO THE TRETOR SONS F	UNERAL	HOME , INC			750. DATE	REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNA	TURE

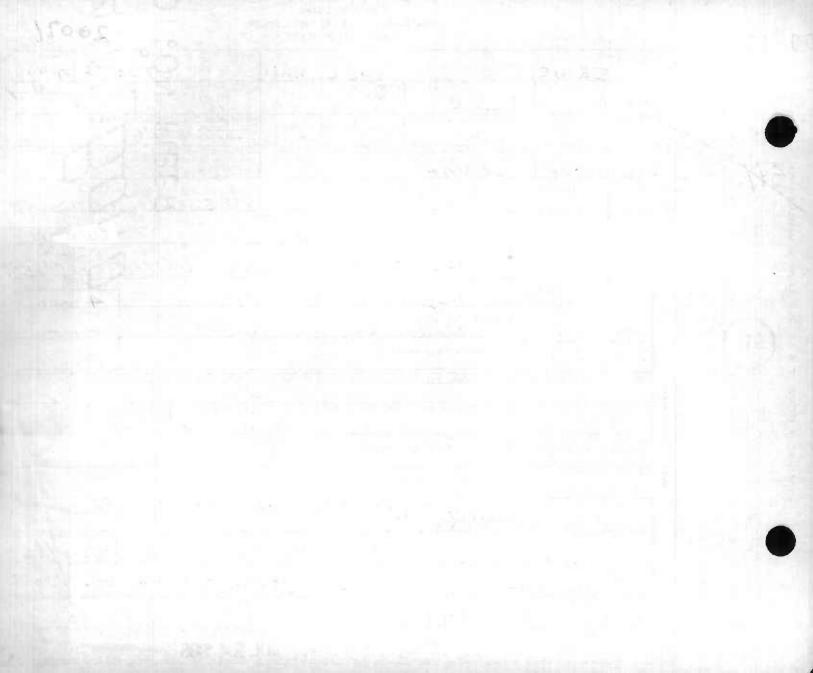
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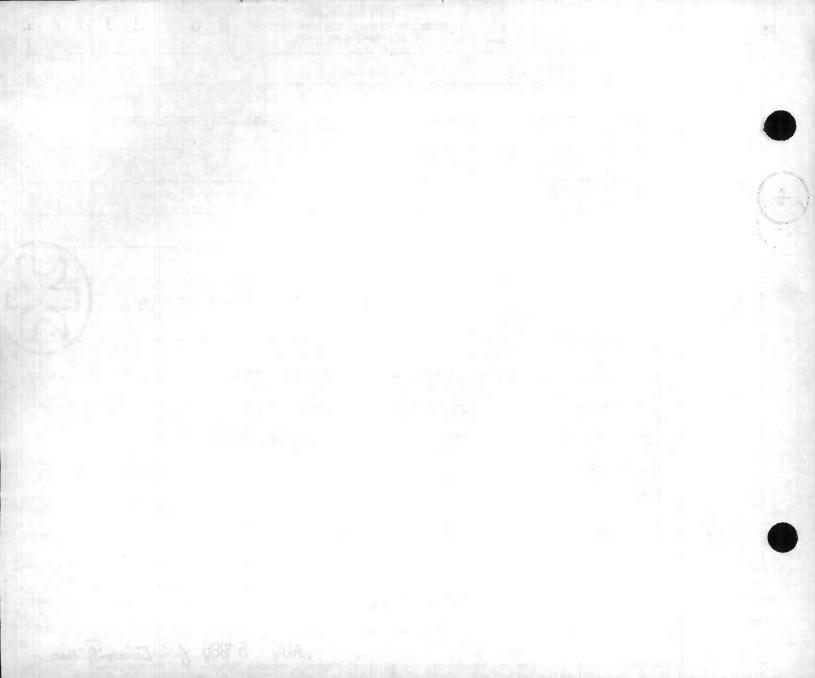
2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

Park Baltimore, Maryland
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

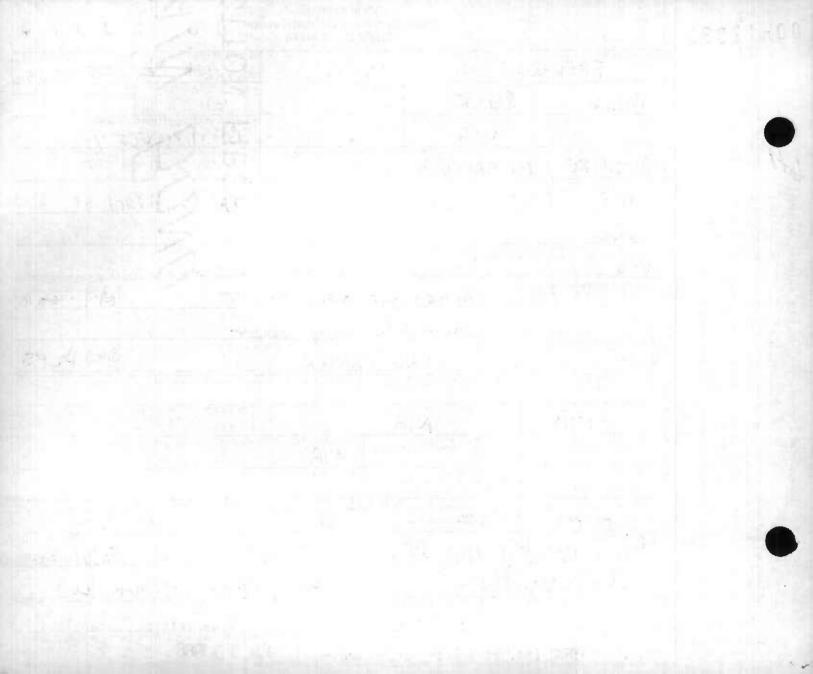
	1	FOR - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	2007/
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000 g	3. 3	male	BLack	MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
Poor to	70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	9 BALTIMORE CITY OR COUNTY	OF DEATH
£ 12 87	9	SOUNTRY)	usa	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY	MD.
	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY
54	2	ISALTIMORE!	R OTHER INSTITUTION GIVE RESIDENCE REFORM	ADMISSIONI	Carpenter	21200
P II B	3 13	STATE 1 and 136 OU	ROTHER INSTITUTION, GIVE RESIDENCE PERMIT	YES PA NO [13e STREET ADDRESS / ZIP CODE	1 1 0000
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AAA TOOL	05	MSCAR	MIDDLE LAST	me LIDLA	WIDDLE	MILLBURN
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Dog - bod	4	(IF YES, GI	24903 98	99 Eva Willie	ams 835 EIKR	idge Landing Ri
SALT are to spens		18 CAUSE OF DEATH (Enter o	nly ane cause per line far (a), (b), an	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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No of the state of			DUE TO, OR AS A CONSEQUE	ENCE OF		
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* (* 1 *)		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF		
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RECC	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCERTIF	N WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO
ATA STATE OF THE S	- 18	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TB P	
8 35 111 6	Sec. 10.0	OR CONTRIBUTING CAUSE OF DE		AY YEAR		
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WIS TO THE PARTY OF THE PARTY O	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC)	CHIOKIOWA	
A MONTO			oital) attended the deceased fram_	June 24 19 8	6. 10 July 22	19, that (I) (we) last
The state of the s		saw the deceased alive at abave, (I) (we) (did) (did n	at) view the body after death	86_, and that in (my) (aur) apinian	death accurred an the date and hav	
Sept of the sept o		226. SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	224 DATE SIGNED
A. 18 4 5 -	_	()57hs	1.	PHYSICIAN (DIRECTOR PHYSICIAN	7/23/86
OSPI ed b unel d be d be Affa		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	-12000 Took Barron	Blvd. Balto Md
TO HOS TO FUN Shools in MPORT	22,	BURIAL, CREMATION, REMOVAL	17.4 L 23b. DATE 23c.1	NAME OF CEMETERY OR CREMATORY	123d LOCATION	Dive. Dated He
BP	130	BURIAL, CREMATION, REMOVAL	7/25/86 (Rowhsbille	ROL noul	COUNTY MA STATE
DHMH - 16 60M 7/8		FUNERAL DIRECTOR	17/1	25a DA	TE REC D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
(VRA 15, 4)		UM.C.Make	hHAInc. 1016	act North AVE. J	JL 24 1986 guia	Oavides Visite Control



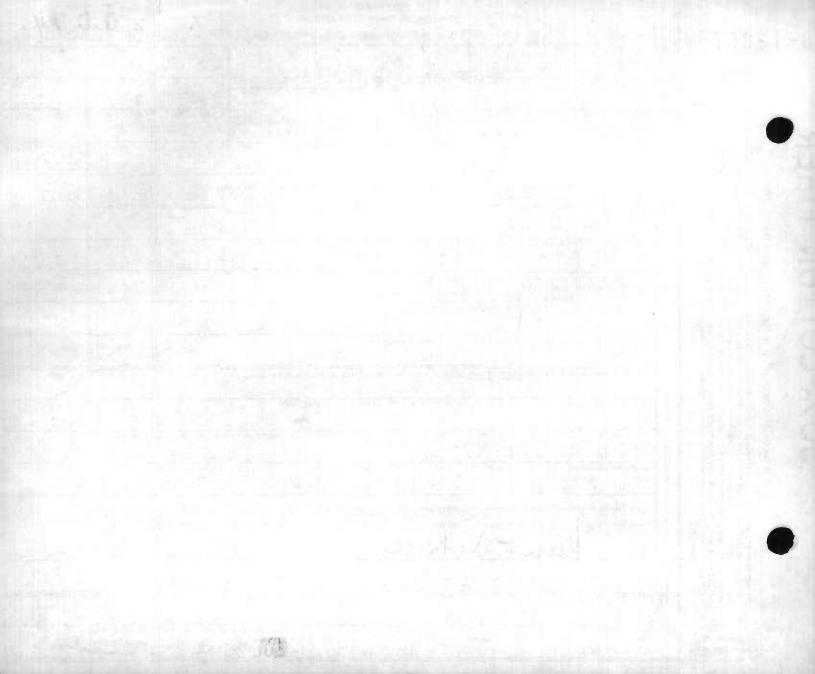
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and the angle of the state of t		IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	18	NEVER MARRIED	Balto.		DEATH	
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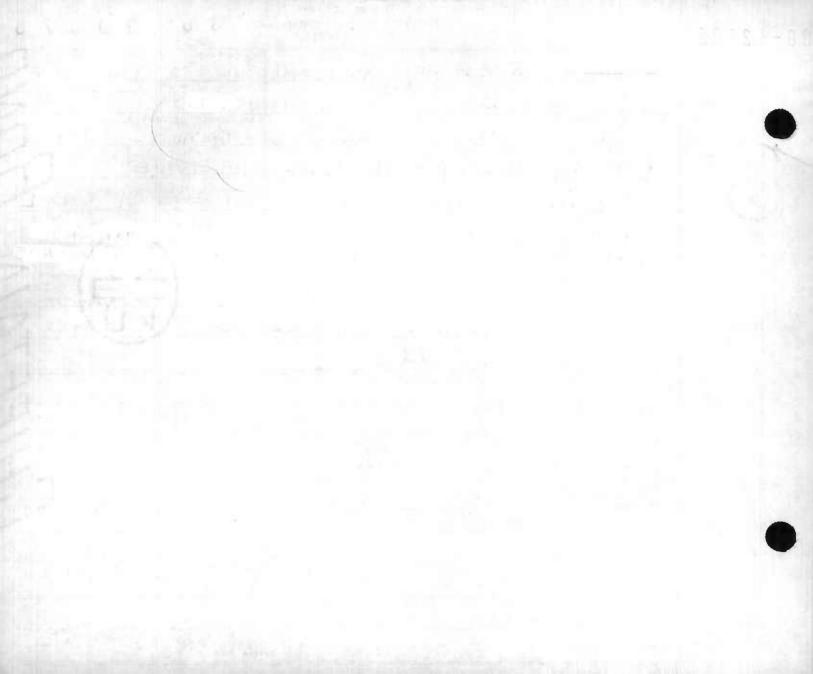
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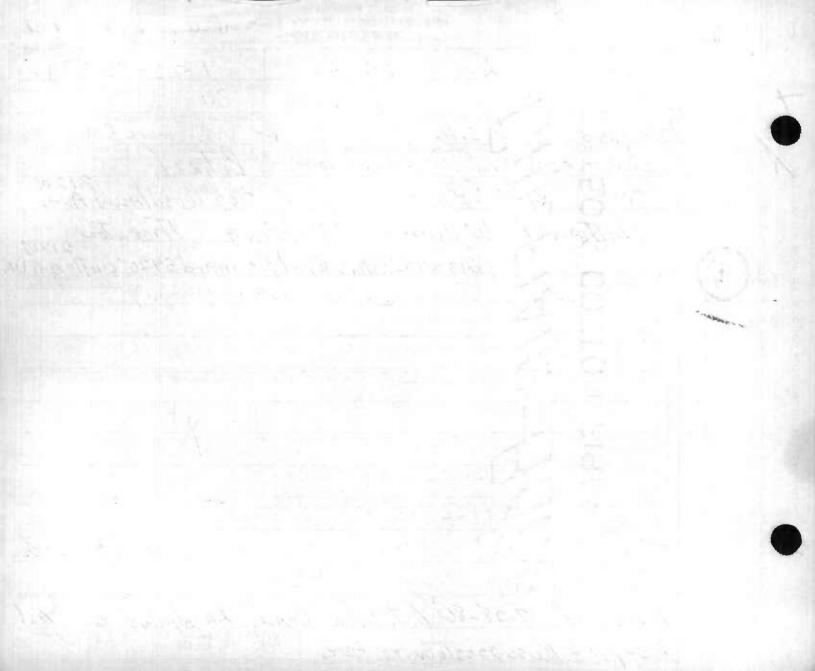
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				STATE OF MARYLAND		
00-141	39	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	0 0 %	0071
		1. DE	CEASED NAME FIRST	MDDIE EAST	REG. NO.	DAY YEAR 26 HOUR
a 6.45			LOUIS -	L. Williams	7-77-	86 710 Pm
4 mm		3. SE		SLOCE S. DATE OF BIRTH MONTH DAY YEAR 3 / 10 / 06		IF UNDER 1 YEAR IF UNDER 24 HRS
1 /12	21			CITIZEN OF WHAT COUNTRY? 8	9. BALTIMORE CITY OR COUNTY	OF DEATH
	22	12	Bry and	MARRIED NEVER MARRIED WIDOWED DIVORCED IN	+ Baltimor	e City MD.
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ND 212 24 hour filled in Bold bod	36	USU.	TATE NAL COUNTY	TIL CITY OR TOWN 13d. INSIDE CITY LIMITS? YES \ NO \ \ \ NO \ \ \ \ \ \ \ \ \ \ \ \ \	13. STREET ADDRESS / ZIP CODE	21219 PULL AVE
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ALTI dent	1, 1)	F	18 CAUSE OF DEATH (Enter only o	one cause per line far (a), (b), and (c),	VIIIII PO DI AL	APPROXIMATE IN ERVAL BETWEEN ONSET AND DEATH
8 2	1	13	PART I. DEATH WAS CAUSED B	Y. Buen Concent Primary	is us metastatic)	BETWEEN ONSET MAD DEATH
on a ce	-			DUE TO, OR AS A CONSEQUENCE OF		
design de	10 10		Canditians, if any, which	(b).		
W. Ps	C commo		gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		
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AL RECOR	one prior	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
DF VITT. Physics History History	04.150 04.18.40		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	RED (ENTER NATURE C) - TET IN ITEM 18 P	
NC Bring Strong	New New	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 19 21e. PLACE OF INJURY 211 LOCATION		
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 T		saw the deceased alive an above, (1) (we) (did) (did nat) v	July 66 19 66 and that in (my) (our) opinion of	death accurred an the date and haus	
A 4 4 A 3	11		226. SIGNATURE	DEGREE		224 DATE SIGNED
0 44 P	1 5	4	KWW-		MEDICAL STAFF DIRECTOR PHYSICIAN	7-22-86
HOSPING TO NOT THE PROPERTY OF	#ORTA		Robert W. L	lisher-Carlson. 1220 ADDRESS SK	,	
DD 25	131	73a. 6	URIAL, CREMATION, REMOVAL	236 DATE 26 NAME OF CEMETERY OR CREMATORY	234 LOCATION CITY OR TOWN	COUNTY STATE
BP		24 Ft	NERAL DIRECTOR	1750 DATE OF THE PERSON OF THE	EREC'D BY REGISTRARIZS PEGIST	RAR'S SIGNATURE DE LA COMPANION DE LA COMPANIO
DHMH - 16 6 (VRA 15		Je	Seph Liky	552222 Winath Ave. Al	G 1986	i de la companya de l



13. STREET ADDRESS & ZIP CODE Db Wkin & Nouise 00 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗌 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 220 DATE SIGNE PHYSICIAN DIRECTOR PHYSICIAN COUNTY STATE 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATARS 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

26 HOUR

1126. KIND OF BUSINESS OR

INDUSTRY

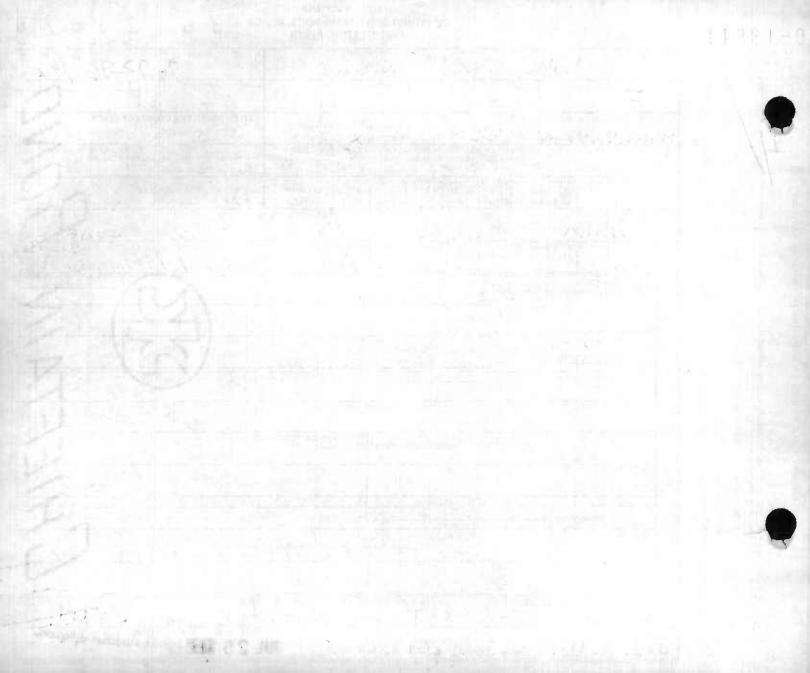
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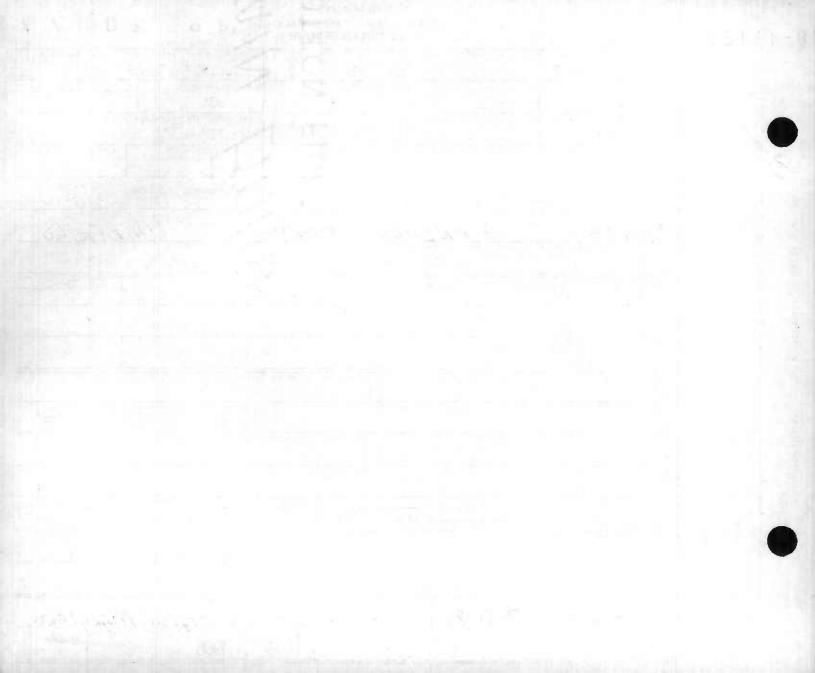
REGISTRAR

1. DECEASED NAME

- STATE



14165	1.	FOR STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6 2	0079
	1. DE	CEASED NAME FIRST	WIDDLE .	LAST		AY YEAR 26 HOUR
oy be oge 3 death	(172)	MAUDE		WILLIAMS	JULY 26, 1986	5 M
mo de la	3. SE		. RACE	5 DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
age age		Male	Black	~10 12 92°	93 YRS	ONTHS DATS HOURS MIN.
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SI HAC	10 C		1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / 808 WHITELOCK	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12h KIND OF BUSINESS OR
	USU 13a M	AL RESIDENCE (IF NURSING HOME OR O STATE aryland		ADMISSION)	130 STREET ADDRESS / ZIP CODE 727 Druid Park	Apt.12A Lake Drive212
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on ond co	160 \	NAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN) (IF YES, GIVE	LED FORCES? 16b. SOCIAL SECUI WAR OR DATES) 213-54-0		ey 808 Whitelock	Street
at the death certificate by the attending physics remove carbompop cremation, or removal attent toumatic event, the progression of the contraction		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate cause (a), stofing the underlying cause lost.	BY: CAUSE (0) DUE TO, OR AS A CONSEQUE	ralery free	Retastate	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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offendir offer this os the bu h and M orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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TO HOSPITA etoined by TO FUNERA should be de with the Stot		224 PHYSICIAN'S NAME (TYPE OR	RE HMAN	22e ADDRESS		
BP	230 (BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	7-31-86 C	AME OF CEMETERY OR CREMATORY	123d LOCATION CITY OR TOWN PORT DEPOSIT	MARYLAND
DHMH - 16 60M 7/84 (VRA 15, 4)	B1	NERAL DIRECTOR ROWN/THOMOSON	F. H=1913 W.	BALTO, ST. AUG	TE REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE



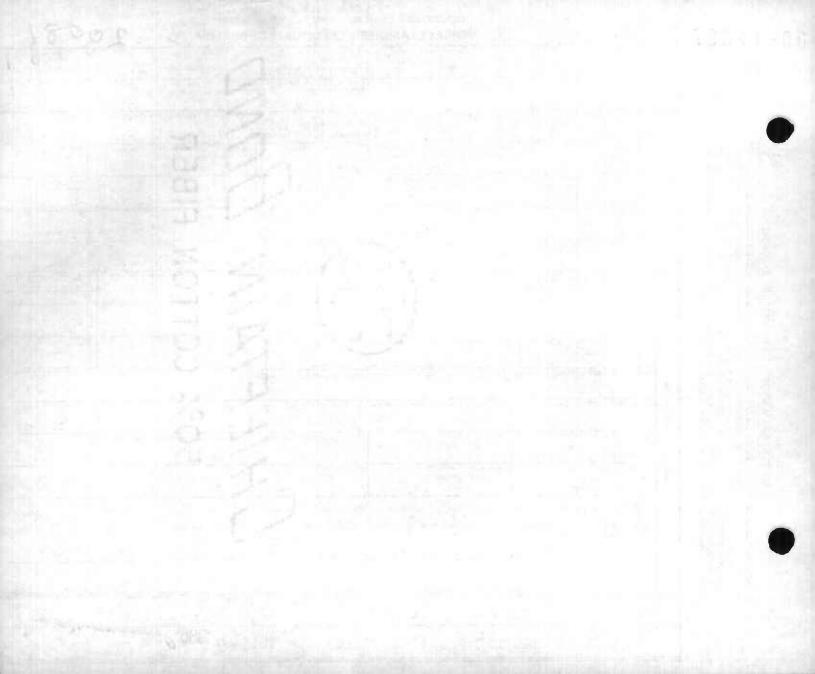
(VRA 15, 4)

	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGII CERTIFICATE OF DEATH	6	2	0	U
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		ORPRINTI	WILL!	Am s		20 DATE OF DEATH	7-10-86	2b HO
1	3 SE)	M	1 RACE	5. DATE OF BIRTH	YEAR 2	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR	R IF UND
10	To BII	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED LA NEVER	MARRIED -	BALTIMORE CITY OF	COUNTY OF DEATH	
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35		AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN			CITY LIMITS?	130.STREET ADDRESS	ZIP CODE	st.
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er traumatic even		Conditions, if ony, which gove rise to immediate couse (a), stating the	DBY. DBY. TE CAUSE (a) Sepsis DUE TO, OR AS A CONSECTION OF TO, OR	QUENCE OF R	1		ionyonan	<u> </u>
ę l		underlying couse lost. PART 2 OTHER SIGNIFICANT ((c)		D TO THE TERMI	NAL DISEASE OR CONI	DITION GIVEN IN PART	1 0
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fem 18 shaws ony injury, or	CAL CERTIFICATION		21b. TIME OF INJURY HOUR A.M. MONTH	21c HOW II			YES 🗌	NO
rked or Item 18 shaws ony injury, or	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 216 HOW II	NJURY OCCURRI	YES NO	YES T	NO
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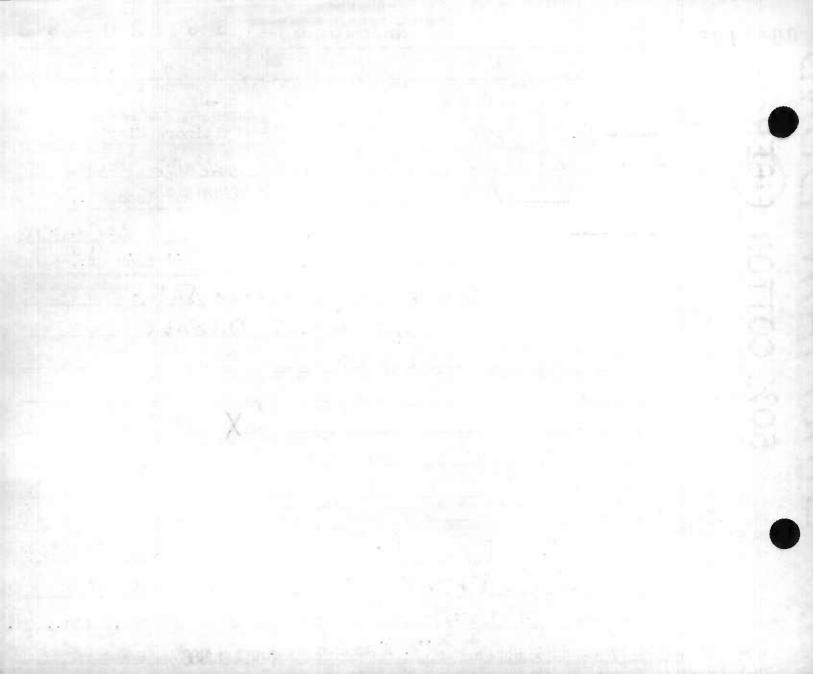
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR DECEASED NAME KNOWN F LTYPE OR PRINTI ESTI- X OF D 3 TO THE FUNERAL DIRECTOR.
AIN PAGE 5 FOR YOUR FILES.
JUD BEFLIED, WITHIN 72 HOURS
ORDS, 20 W PRESTON STREET, DEATH MATED Jr. WILSON WILLIAMS 4 RACE 6 AGE (IN YEARS IF UNDER 24 HRS DATE OF BIRTH IF UNDER 1 YR DATE 2d HOUR MONTH LAST BIRTHDAY PRONOUNCED M DEAD B 77 50 7-16-86 19 7.50= Ta BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED + FOREIGN COUNTRY! Maryland WIDOWED DIVORCED u.s.a. Baltimore City ID CITY OR TOWN OF DEATH RETAIN PAGE 5 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 1126. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE OR INDUSTRY Baltimore N. Caroline Street N/a 21213 13a. STATE 136 COUNTY 13c CITY OF TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore YES Q NO North Caroline BALTIMORE, MD. 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST Williams Stratten Wilson Georgia 14n WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) HIEF MEDICAL EXAMINER ALONG WITH USED AS A BURIAL - TRANSIT PERMIT. PAG OF HEALTH AND MENTAL HYGIENE, DIVISI 217543267 Mamie Brooks 1822 North Caroline Street' APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, DIVISION OF VITAL YES X NO [PAGE 4 SHOULD BE FORWARDED TO THE WO TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PERFERENT 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED TIE PLACE OF INJURY SATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 7-16-86 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. Penn Street Balto., Md. TYPE OR PRINT) ADDRESS 23a.BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Burial STATE 7/21/86 Mount Auburn Baltimore 07/84 Marwand 250. DATE REC'D BY REG 1986 25b REGGMAN 3 SIGNA 25M 24. FUNERAL DIRECTOR **DHMH - 17** WM.C.March F/H Inc. 1101ss East North AVenue (VR A15 ME (5))



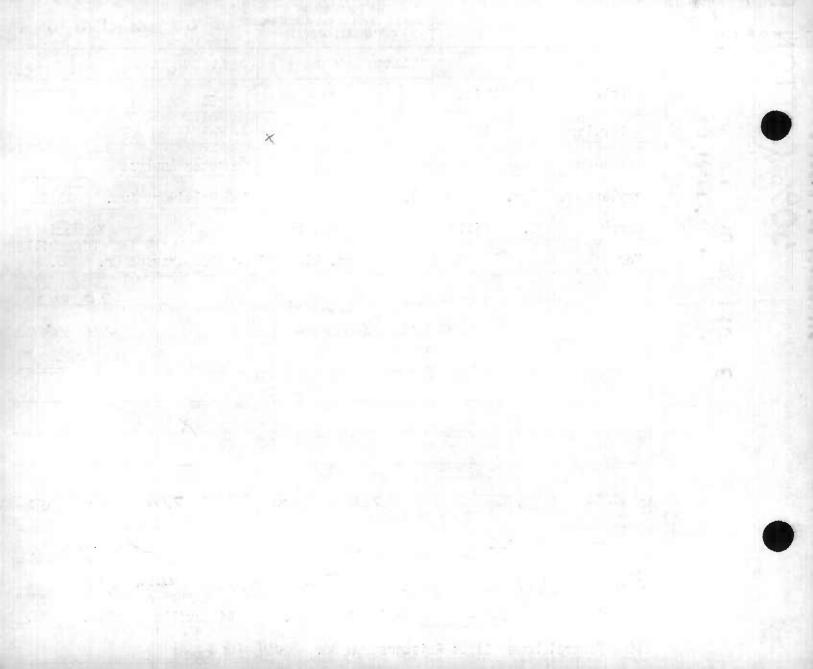
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH DECEASED NAME 2g DATE OF DEATH (TYPE OR PRINT) KENNETH JULY 28, 1986 WILLIAR 1:00A M & AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Male White Dec. 3.1926 59 Yrs. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Mt. Airey, Md. U. S. A. BALTIMORE CITY 120 USUAL OCCUPATION 1. L. L. 1.100 OKIND OF BUSINESS OR BUPETUISOF-OF H BALTIMORE THE JOHNS HOPKINS HOSPITAL 130 STREET ADDRESS / ZIP CODE Avenue Baltimore Md. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Ratoh Genevieve 166 SOCIAL SECURITY NO. 17 INFORMANT Baltimore ADDRESS Md. 21224. 219-20-3250 Mrs. Mildred M. Weese-1213 Broening Hwu. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: CARDIO RESPIRATORY APREST 10 MIN. DUE TO OR AS A CONSEQUENCE OF SEPS/S Conditions, if ony, which gove rise to immediate couse (o), stoting PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID HYPONATREMIA CENTRAL PONTINE NYELINGLYSIS 20h. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? CECAL VOLVULUS 710 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) 22a | certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h, SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN | DIRECTOR PHYSICIAN 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Baltimore, Md. 21224 Burial Oak Lawn Cemetery 24 FUNERAL DIRECTOR John A. Moran, Inc. Funeral Home ATE REC'D. BY REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B3 3000 E. Baltimore Street; Balto., Md. 21224 UL 3 (VRA 15, 4)

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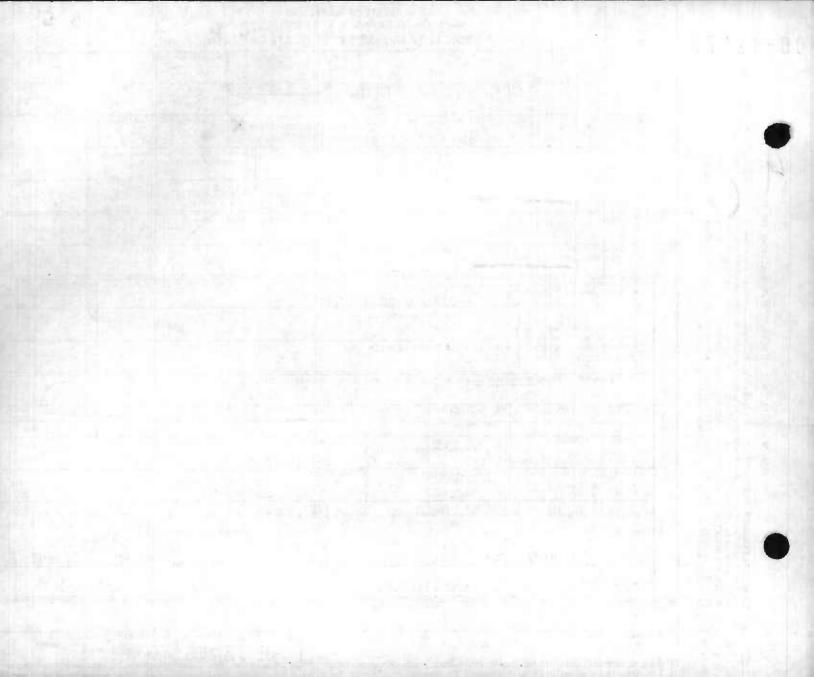


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deoth		FIRST MIDDLE	WILLOUGHBY JR	JULY 11, 198	6 2b HOUR P					
	Male Male	White	5 DATE OF BIRTH 9 1933	6 AGE (IN YEARS LAST BIRTHDAY) 53	IF UNDER I YEAR IF UNDER 24 HRS					
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75	Maryland N	Balto.	Ialk YES NO NO	131 STREET ADDRESS More A	Dundalk Ave. 21222					
2	Harry	E. Willough		MIDDLE	Yacuci					
2	YES YOUR UNKNOWN)		8-3120 Mrs. Rita Kr	ieger 6968 Marsue						
7	PART I. DEATH WAS	Enter only one cause per line for (o), 5 CAUSED BY: MMEDIATE CAUSE (o) Hemop	1 . 1 1		approximate interval BETWEEN ONSET AND DEATH 20 Min					
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ury, or of	PART 2. OTHER SIGNIF	(c)	G TO DEATH BUT NOT RELATED TO THE TER	". MINAL DISEASE OR CONDITION GIV	EN IN PART 110.					
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	THE STATE OF THE MEDICAL STATE OF THE STATE	CAT HOME STORET EACTORY	OFFICE FARM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE					
		270. I certify that (I) mis hospital attended the deceased from 7/1/1, 19.86, to 7/1/1, 19.86, that (I) we lost sow the deceased glive on obove, (I) (we) idial did not view the body after death.								
ZT. # Hen	Pale Plate	226 SIGNATURE Palet Walleman M. D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7/11/86								
IMPORTANT	Robert	Udelsman A	1.D. Zohns	Hopkins Hospi	tal					
	230. BURIAL, CREMATION, RE (SPECIFY) Burial	7-15-86	Druid Ridge Cem.	Pikesville	Balto. Md.					
50M 1/B1 15, 4)	Eline Funer	al Home 11824 Re	reisterstown Rd. 250 DA	TE REC'D. BY REGISTRAR 25b. REGISTI	RAR'S SIGNATURE					

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	▲ # 한 ★ # · · ·		SIGNATURE	Mundy	6 m	retrex		/	A.D. ASSI	istant	MEDICA	AL EXAMINE	R	DATE SIGNED.	7/9/	86
	MEDICAL SE 4 SHO FUNERAL ER DEATH		0.13													
	M SHEET STATE	-	(TYPE OR PRINT)	ME Marga	rita.	A. Kore	11, M.D		ADDRESS	111	Penn	St.		Bal	to.MD	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PPAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL,	22- D	URIAL, CREMATIC				23c NAME OF CI			284	23d LOC/	TION	-			
		(1	PECIFY)	AN, KEMOVAL Z.	O DATE		THE NAME OF CI	MEIERT	JK CKEMAIC	JKT	CITY OR	OWN		COUNTY	ST	ATE
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ZJM	DHMH · 17	24 F	UNERAL DIRECTO	OR .		ADDRESS				25a. DATE R	EC'D. BY RE	GISTRAR	25b. REGIST	RAR'S SIG	NATURE	
	(VR A15 ME (5))	D.D.	NUN / THO	MDCON	E U	1913	IJ DAT	TIMO	RE ST	JUL	. 15	1986	felland	Nichtstaw)	- Broken	
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A THE REPORT OF THE PARTY OF THE PARTY. - CHELL STEMPTED - MISH O.

Charles A. Rice FSPA 1300 Euraw Pl.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATION ALLO 1.7 1006

22c. DATE SIGNED

YES

COUNTY

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IF UNDER I YEAR

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UNKNOWN

126 KIND OF BUSINESS OR

NURSING HOME

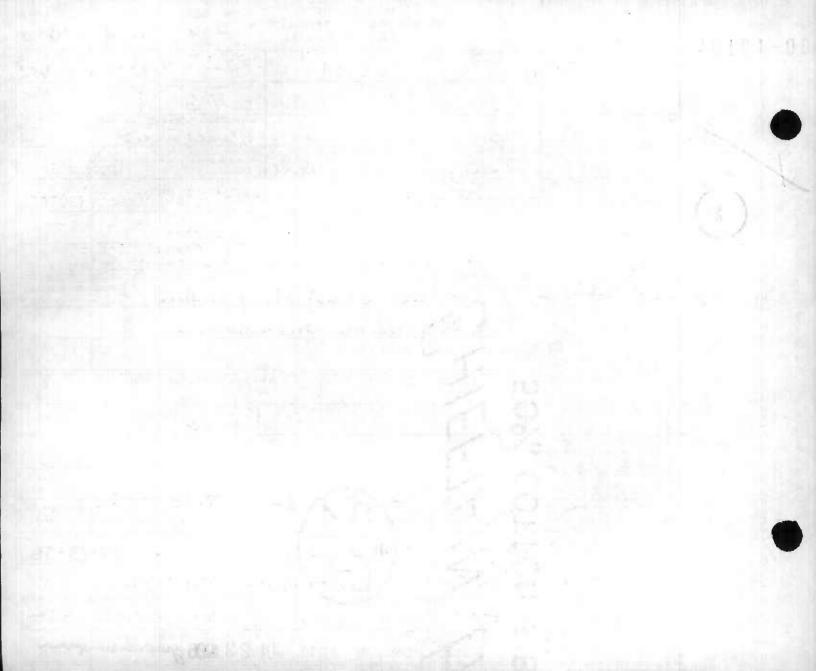
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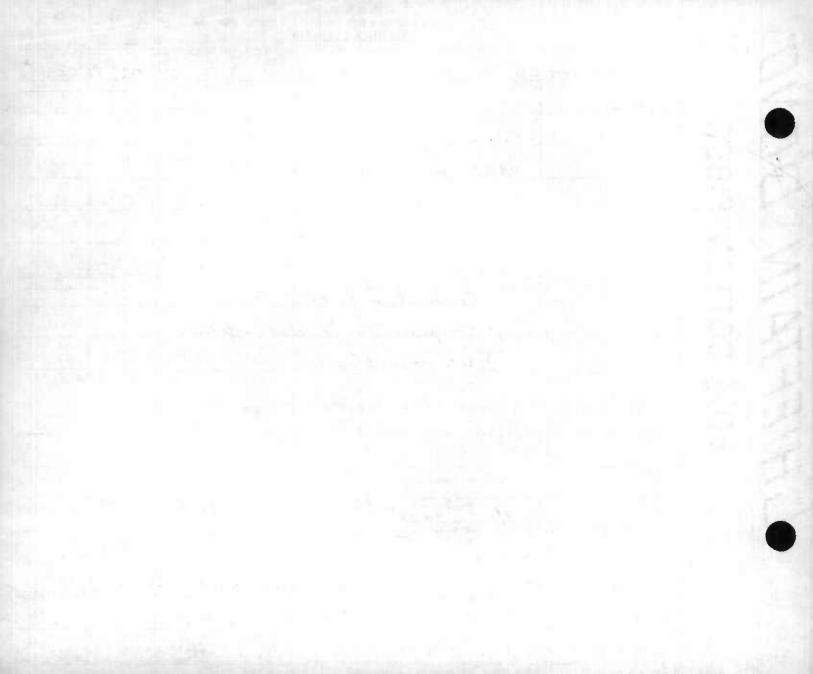
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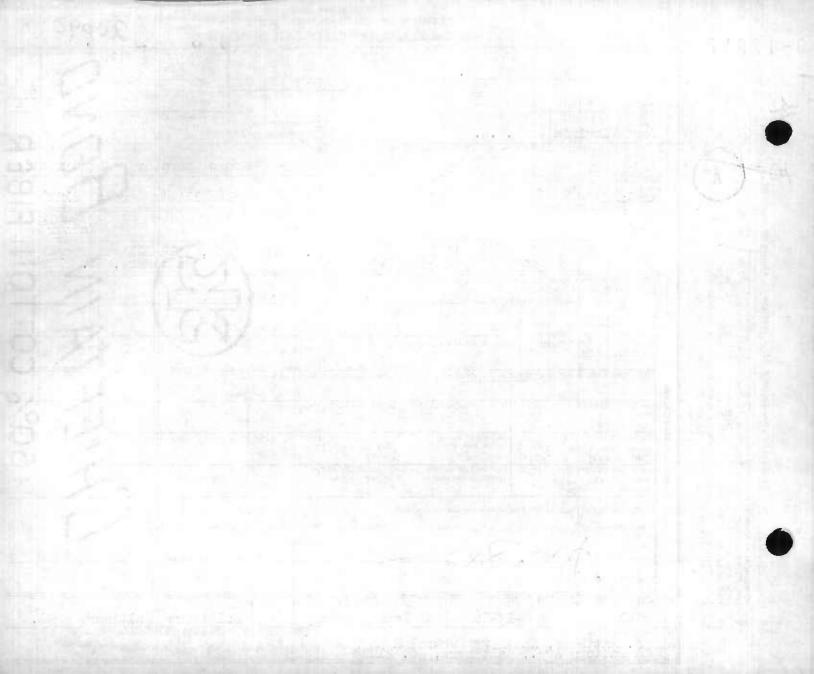
				STATE OF MARYLAND		
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Program of			577-22		mith (daughter	
aures that the death certificate and by the attending physic from please remove carbon page to burial, cremation, or removal.	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	willion pue	MINAL DISEASE OR CONDITION OF	GIVEN IN PART TIO
1	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES NO NO
Class. 1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2)
G Peris	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AL WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION	CITY OR TOWN	COUNTY STATE
R ATTENDEN FOURTHORN SHEET OF THE STATE OF T		22a.l certify that (I) (this hasp saw the deceased alive an	ital) attended the deceased from	N/ I	death occurred on the date and h	
A STATE OF THE PERSON NAMED IN COLUMN TO SERVICE OF THE PERSON NAMED IN COLUMN		22d PHYSICIAN'S NAME (TYPE OF	USUS DR PRINTI	M D - ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7-13-86
Posed of the the		BICH T	DUONG	LUTHER	AN HOSPITI	AL -
BP		Burial, CREMATION, REMOVAL SPECIFY) Burial	07/18/86 H	NAME OF CEMETERY OR CREMATORY armony Memorial	Landover, P	.G.Co.Maryland
DHMH - 16 50M 4/83			EY's Funeral		TE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
(VRA 15, 4)	138	331 Georgia A	ve. NW: Washin	gton,DC 20011	1 2 2 1006 Suna	bandoon Honda



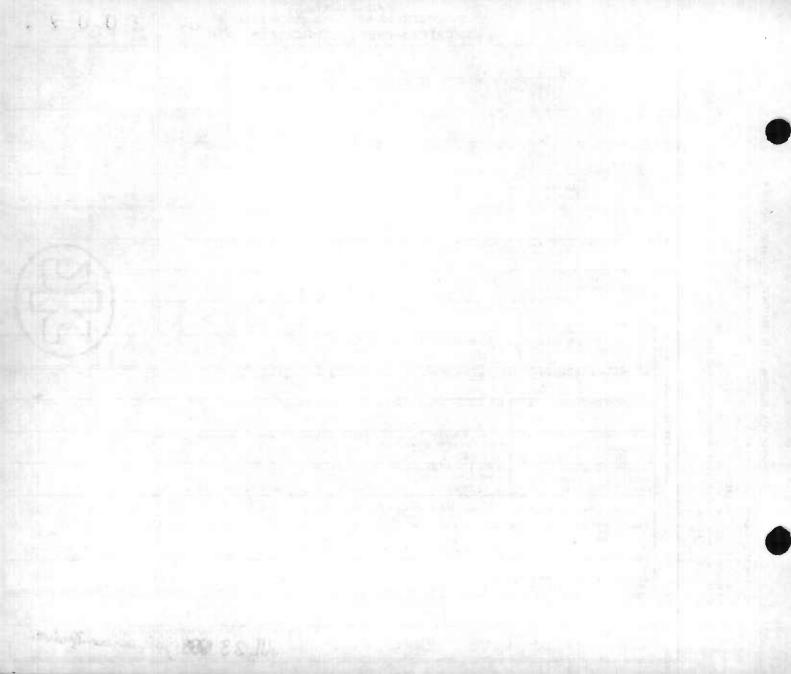
STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 20090 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME DATE KNOWN LTYPE OR PRINT) DEATH , MATED HOMER S. WIMER 4 RACE 5 DATE OF BIRTH A AGE LIN YEARS | IF LINDER 1 YR IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOLINCED :34 OUR 3 26 60 10 86 Male Whi te DEAD TO BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED U.S.A. West Virginia Baltimore City DIVORCED ID. QITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Crane Operator OR INDUSTRY Construction Baltimore South Baltimore General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 134 INSIDE CITY LIMITS? 13b COUNTY Baltimore Elliott Street Maryland YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Fred Bertie Wimer Warner 16h SOCIAL SECURITY NO Mrs. Oddie Wimer, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 3512 Elliott Street (YES NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
Korean 236-36-1700 Yes Baltimore, Md. 21224 18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔀 NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) SIREE WHILE CITY OR TOWN COUNTY AT WORK AT WORK TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SALTIMORE MARYLAND 22a I certify that I took charge of the remains described above, held an Autapsy and in my apinion Natural causes X death resulted from Accident Homicide Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 7-12-86 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT) 23a BURIAL CREMATION REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) Burial Oak Lawn Cemeterv Baltimore Md. Baltimore 07/84 25M 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 17 Ann Matthews, Matthews Funeral Home 3021 Eastern Ave., Baltimore, Md. 21224 filia Daydoon-Mandaras (VR A15 ME (5))



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-S NECESSARY, PLEASE FUNERAL DIRECTOR. S FOR YOUR FILES. D, WITHIN 72 HOURS W, PRESTON STREET, DEATH MATED Thompson 21 19 86 Ora Winchester 4 RACE DATE OF BIRTH DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED :23A black 12 female 55 DEAD 30 1986 Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY US FILED, W. P DIVORCED K WIDOWED Baltimore City 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION LIVE OF WORK 176 KIND OF BUSINESS OR INDUSTRAnitora POR MOST OF WORKING LIFE)
Domestic Baltimore Sinai Hospital USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 3710 Woodbine Avenue 21207 MD. 2120 13a STATE 13b COUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE DIVISION OF VIT William Gilliam Ida Thompson 16a WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 17. INFORMANT ADDRESS LYES NO OR LINKNOWNS 231-36-5574 Edward Thompson 727 E. 224th Bronx N.Y. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) SAL EXAMINER ALONG W BURIAL - TRANSIT PERMIT. PART I DEATH WAS CAUSED BY: Thoracic & Abdominal injury IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION BE USED A NT OF HEA BURIAL, C 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE STANDED EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHILD PROPERTIES. PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALL MORE, MARYLAND, 21201 PRIOR TO BURI YES X NO [21n EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOR 8:15xx 1086 Subject fell from balcony CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) COUNTY STATE WHILE AT WORK 3710 Woodbine Ave, Balto. home MD. 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL 7/21/86 Assistant SIGNATURE MEDICALEXAMINER EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 23d LOCATION 23g BURIAL CREMATION REMOVAL 73b DATE 23¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE 7/26/86 **Blackstone** Cemetery Va Green 07/84 25M 24. FUNERAL DIRECTOR Julia Devidora 250. DATE REC'D. BY REGISTRAR. **DHMH - 17** March Funeral Home West 300 Wabash Avenue (VR A15 ME (5))

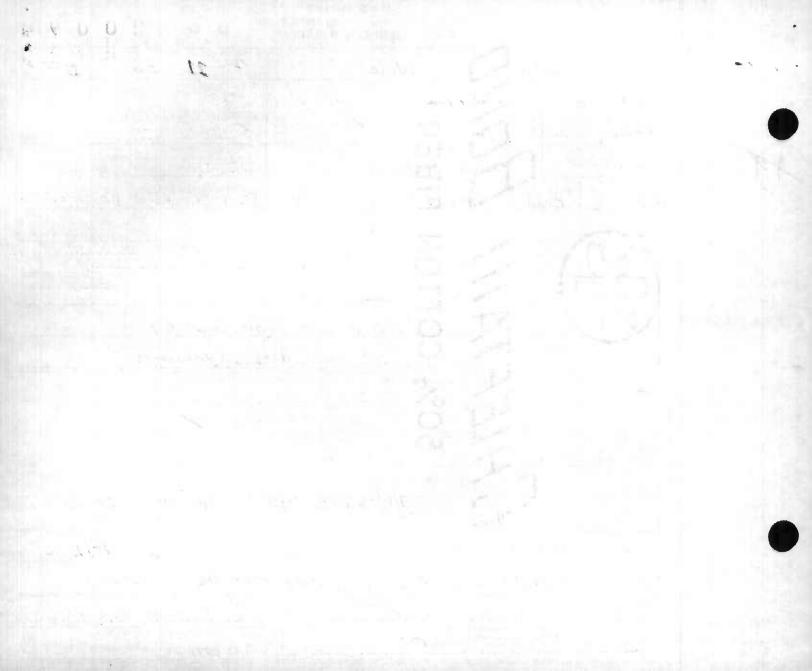


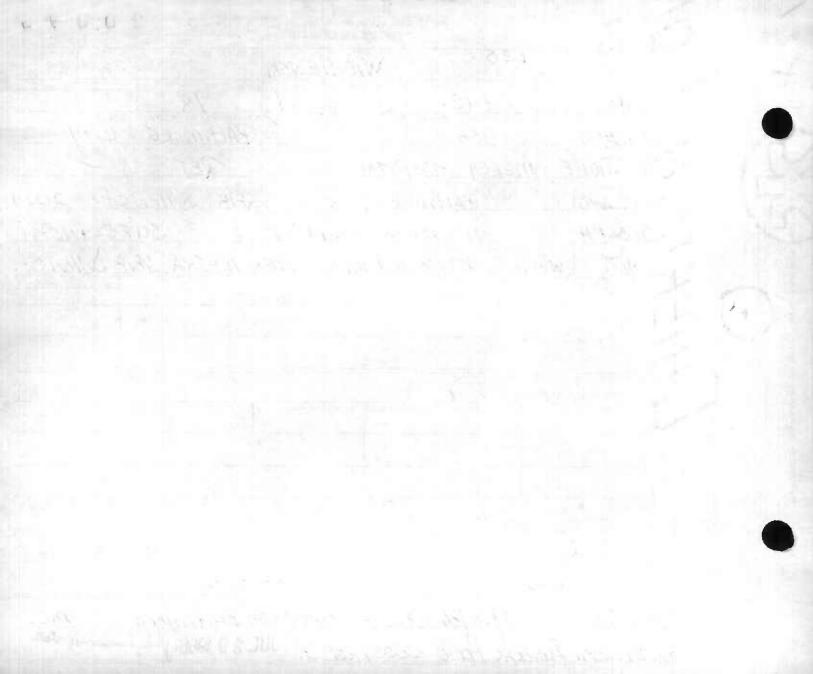
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00-14511		STATE REGISTRAR		CERTIFICATÉ OF DEATH	BEG. NO.	90-10				
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH OA	YEAR 26. HOUR				
hay be page 3	(ITPE	OR PRINT) HAR	LOUIS	WISE		9 86 123 pm				
ing)	3. SE	111.	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	IMC	UNDER TYEAR IF UNDER 24 HRS				
ge 4	-	MALE	WHITE	11 29 10	75 XX YRS.					
Po Pour	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY O					
Leort Andrew		MARYLAND	U.S.A.	WIDOWED DIVORCED	CITY OF B	7110.				
y the fu	100	altimore	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADDRESS!	12d USUAL OCCUPATION 1 TYPE OF WORK OR MOST OF WORKING LIFE) DEVELOPER	126. KIND OF BUSINESS OR INDUSTRY REAL ESTATE				
Hilled in the tight		AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		RE ADMISSION) NN 13d. INSIDE CITY LIMITS? YES THE NOTE:	13e.STREET ADDRESS / ZIP CODE	APT. 1 (21208)				
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Se conte	16a V	VAS DECEASED EVER IN U.S. AI								
BALTIMORE satisfies and cysician and cysician and cysers. Pagest val.	0	res. NO OR UNKNOWN) (IF YES, GI	VE WAR OR OATES) 218-01	YOCG RANKATERS A	WN XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXX				
ALTI		18 CAUSE OF DEATH (Enter o	nly one cause per line for 101, (b1, q	nd (c'.)		APPROXIMATE INTERVAT				
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PRESTON he death or most over cart mation, ar		Conditions, if any, which	(10) SUBJ		ATOMA	22 DAYS				
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ON OF TYSIC1A dring pl s certif burial-t Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	(R) ? P.M. 7/7/8	6 19 Fell and	struck head					
PHY endi	MED	21d. INJURY OCCURRED WHILE NOT WHILE THE	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	, FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE				
DIVI ING Affer os t Ifh o	7	AT WORK AT WORK	home	3201 Old	Post Dr., Baltimor	9				
END rolo Rea Hea		22a. certify that (I) (this hasp sow the deceased alive a	outal) attended the deceased from	CA /	n death occurred on the date and hour					
ATT OSPITE OSPIT	7	obove, (1) (we) (did) (did n 22b. SIGMATURE	ot) view the body after death.			221 DATE/SIGNED/				
the hor to DIRE	10	8- Ken	m MAD	Cert. approved by	Dr. A. Dixon, M.E. MEDICAL STAFF DIRECTOR PHYSICIAN	7/29/86.				
HOSPITAL ined by th FUNERAL uld be det in the State ORTANT:		226 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	- DIRECTOR - THISICIAN (177-1100				
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D g D g w		BURIAL, CREMATION, REMOVA	L 236 DATE 236	NAME OF CEMETERY OF CREMATORY EVRA AHAVAS CHESED		LETO MD STATE				
BP		BÜRTAL	1/30/00							
DHMH 16 60M 7/84			EVINSON & BROS. I	NU. 25a. D.	ATE READ PREGISTRANDE GISTE	ARIS SIGNATURE— I WINCOM				
(VRA 15, 4)	6	010 REISTERSTO	VN RD. BALTO, MD	21215						

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STATE OF MARYLAND



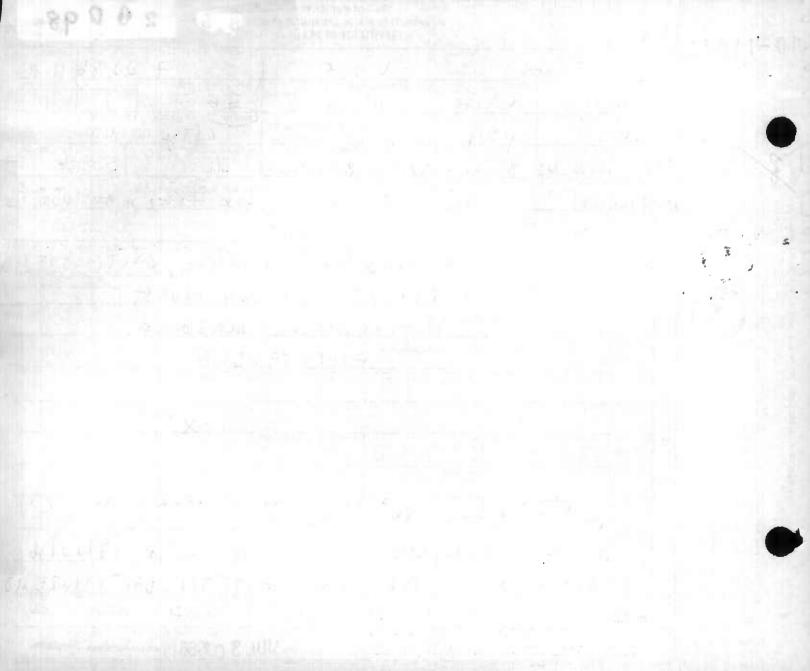


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR DECEASED NAME a DATE KNOWN DAY TYPE OF PRINTS ESTI-DEATH MATED XX J.J. Christopher 19 86 Witteman 6 AGE (IN YEARS IF UNDER 24 HRS DATE 2d. HOUR 86 RIRTHDAY "በግ PRONOUNCED White 1899 Male DEAD 10 86 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore City WIDOWEDXX DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
U.S. Govt. FOR MOST OF WORKING LIFE! 907 East 37th Street Baltimore Customs SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 907 E. 37 th St. 3c. CITY OR TOWN 13d INSIDE CITY LIMITS? 21218 Baltimore YES XX NO Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Schaefer William . Sophia Witteman 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Apt. T 21218 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) Marguerite M. Langmann 2 W. University Pky WW 1 ves 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AR WRITING ORWARDED TO THE DR. PAGE 3 SHOULD BE U STATE DEPARTMENT C YES T NO XX 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE PORWARDED TO FUNKEN, DIRECTOR: PAGE SI AFTER DEATH, WITH THE STATE DE BANTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OF TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinion death resulted from: Natural causes Homicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Woodlawn Cemetery Baltimore 8/4/86 Md. Burial 07/84 25M 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Mitchell-Wiedefeld 6500 York Rd.

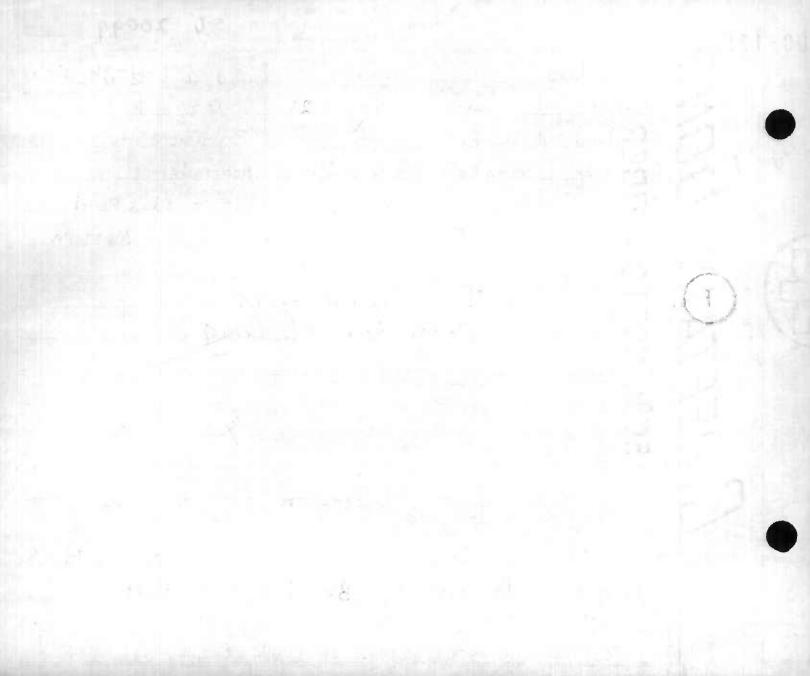
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE CERTIFICATE OF DEATH REO. NO REGISTRAR 2a. DATE OF DEATH LAST DECEASED NAME TYPE OR PRINTS HARRY WOLF W. 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR 5 DATE OF BIRTH 4. RACE SEX MONTHS DAYS HOURS VEAR MACONIEM WHITE MALE 26 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR FOREIGN MEVER MARRIED Baltimore City U.S.A. DIVORCED Maryland WIDOWED 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LIVER OF WORK FOR MOST OF WORKING LIFET INDUSTRY Maintenance Man Tas-T-Nut Co. Baltimore 223 S. Calhoun Street USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COUNTY
130. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13a. STATE 13d INSIDE CITY LIMITS? 223 S. Calhoun Street 21223 Baltimore Maryland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAS1 MIDDLE Smith Helen Wolf Max ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 7509 Patapsco Dr. 21784 219-18-8049 Wanda L. Semies YES WII 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0), Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause fait PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAID TO THE PROPERTY MALDISEASE OR CONDITION GIVEN PART THE 29m AUTOPSY 266. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? VES IT NO-F THE HOW INJURY OCCURRED. FINITE HATURE OF PUBLIC OF PART I OR PART TO TIM ACCIDENT WAS UNDERLYING. 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TT CAUSE OF BEATH OF RESIDENT METERS MEDICAL EXAMPLE. THE INJURY OCCURRED 21. PLACE OF INJURY THE LOCATION CITY OF TOWN COMMITTE (AT HOME STREET FACTORY OFFICE FARM ETC.) WDC mettill 22s I certify that (I) (this hospital) attended the decaysed from and that in (my) (our apinion death accurred on the date and hour and from the course stated saw the deceased alive on 22c. DATE SIGN DEGREE ATTENDING. MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 224. PHYSICIAN'S NAME ANGELL. M.D. ä 611 Park Avenue Angel] Park Avenue Maryland 231 2745 OF REMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d LOCATION Maryland Glen Haven Cemetery 7/3/86 Glen Burnie Burial 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 guna waydoon fandelle Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VRA 15, 4)

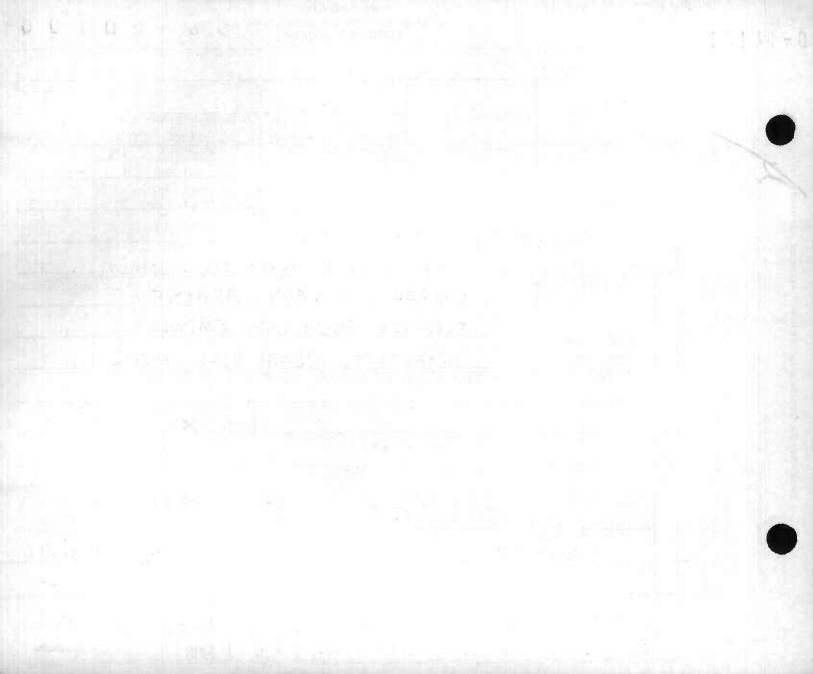
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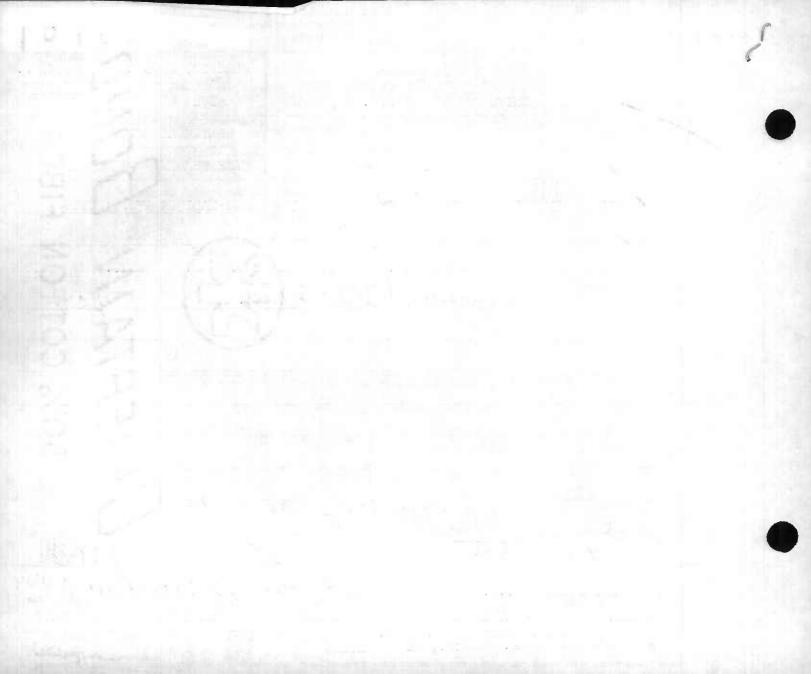


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) leve. 3 SEX 4 RACE temale aucasian & BIRTHPLACE I STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED T 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Home maker USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 3a. STATE 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore 56 East du Roac 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Minerua 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS NO har 18 CAUSE OF DEATH (Enter only one cause per line tal. (b), and re PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES. WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING_CAUSES OF DEATH? Hygier NOF NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENJER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED ŏ 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STATE NOT WHILE 10 86 22s.1 certify that (II Ithis hos 86 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22k SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be detained that the State E PHYSICIAN DIRECTOR PHYSICIAN 22* ADDRESS Hanover 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) 7/17/86 Rossville Baltimore Md. Gardens of Faith BP. Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Connelly Funeral Home 300MaceAve.21221 - I see to the second (VRA 15, 4)

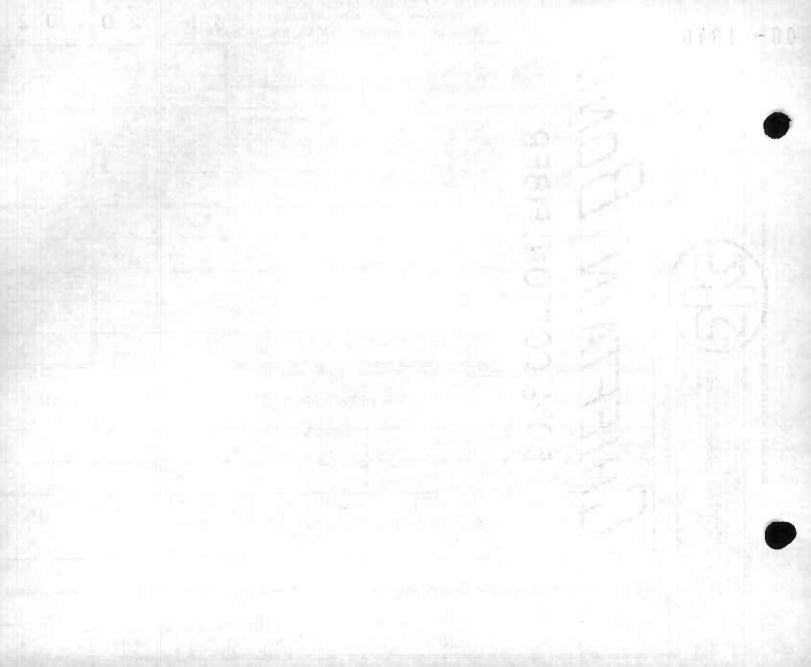


				STATE OF MARYLAND		
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-	4 191	REGISTRAR 1. DECEASED NAME FIRST			REG. NO.	
	e e t	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIODLE	LAST	20. DATE OF DEATH MONTH	OAY YEAR 26. HOUR
	oge deot	GOLD		FISHER WOOLFORD	7 3	0 86 2:55P M
	m. p	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	B 95	FEMALE	white	2 8 15	71 YRS	MONTHS DATS HOURS MIN.
	1 TE 1//	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	The state of the	Colorado	U.S.A.	WIDOWED DIVORCED		city MD.
		10. CITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
5 2	が、対象	Baltimore	2529 Christ		Housewife .	LIFE) INDUSTRY
1	7 11 57	USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)		
9	2 题 1	Maryland 13b. co	Balti		13e.STREET ADDRESS / ZIP COL	
YEA	1 1	14. FATHER'S NAME		15. MOTHER'S MAIDEN NA	1 2529 Christian	Street 21223
AR	1 17 1	FIRST	MIDOLE LAST	FIRST	WIOOFE	LAST
m .	1 10	Joseph 160. WAS DECEASED EVER IN U.S.		nikoff Jeanny ECURITY NO. 17 INFORMANT	ADDRESS	evinson
NO.	9 P 9 19	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)			
É	9 50 5/	NO	219-01		ford 346 S. Small	lwood St. 21223
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAR	Heart physic coops transf	PART I. DEATH WAS CAU		DIOPULMON ARY	ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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RE	ws c	IFIC			IN CERT	IFYING CAUSES OF DEATH?
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	OR A he hos DIREC oched Dept. If them	220. SIGNATURE	"	DEGREE	MEDICAL STAFF	220 DATE SIGNED
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	OSP ed b d be RTA	22d. PHYSICIAN'S NAME (TYP	E OR PRINT)	22e. ADDRESS		
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	F 5 F ~ > F	230. BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
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	DHMH - 16 60M 7/B4	24 FUNERAL DIRECTOR	ACCRE	25a. DA	TE REC'D. BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE
	(VRA 15, 4)	Hubbard Funeral	Home, Inc. 410	7 Wilkehs Ave. Al	JG 1 1986 Gina	Davidson-Mandalle

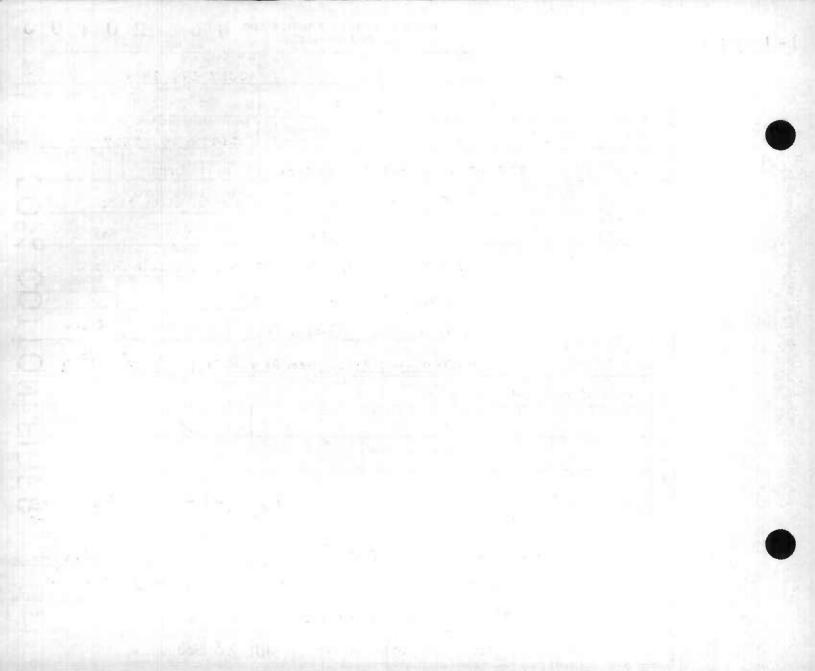




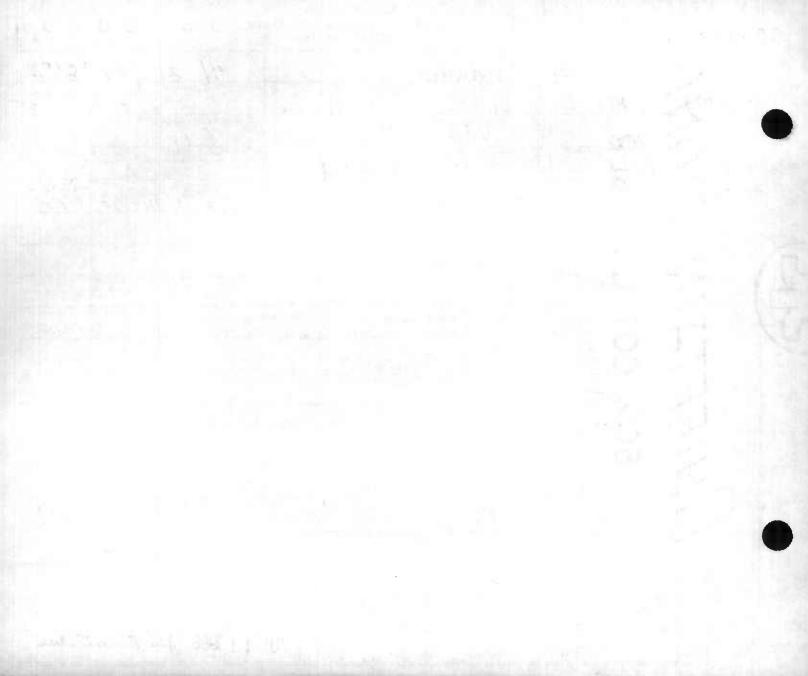
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40	WIT. P.		18 CAUSE OF	DEATH (Enter on	nly one cause per line	ar (a), (b)	, and (c).)									APPROXIA	AATE INTERVAL
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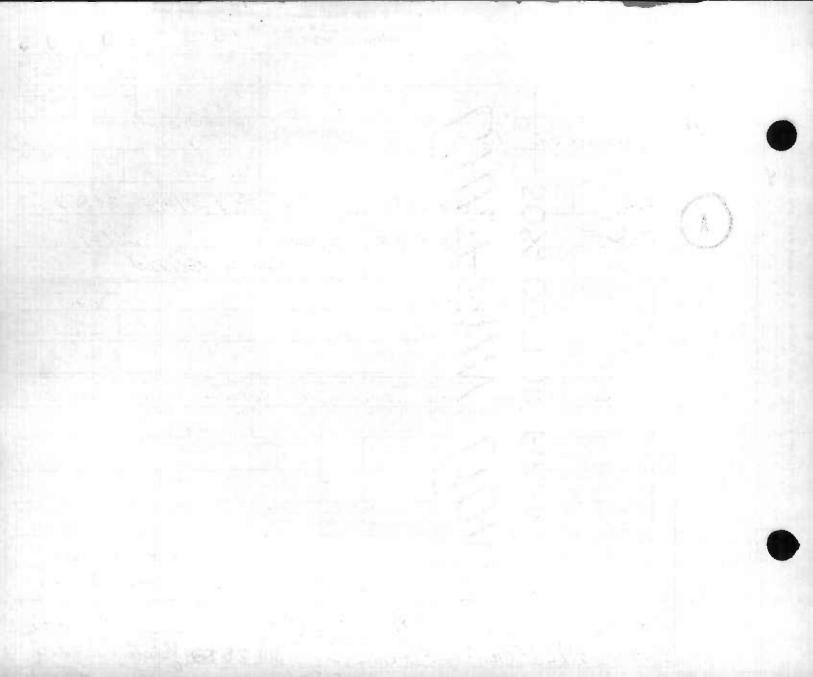
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AND 212	filled in looved be family	136	STATE 13b C	NE OR OTHER INSTITUTION	134 CITY OR TOWN	N	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE. Eager	Street 21205
MARYL	ompletely and 2 sh	7 14.1	FATHER'S NAME FIRST Jim	WIDDLE	ods		15. MOTHER'S MAIDEN NA/	WE	Foster
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ANSION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	quires that the death certisigned by the attending phen please remave carbon to burial, cremation, ar even jury, or ather traumatic ev	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICA	DUE TO, (c)	OR AS A CONSEQUE	NCE OF NCE OF LLTZ	INFARCTION STIC CORONAR		
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ASED	to R ATTENDIN the haspital ar DIRECTOR: Af toched for use a bopt, of Health		220 I certify that (I (this K saw the deceased above, (I) (we) (did (did 22b. SIGNATURE	5/0	deceosed from 19 y otter death.		DEGREE	death accurred on the date and hour	ond from the couses stored 721. DATE SIGNED.
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	₽₽ ₽₩ ¥ E	230	BURIAL, CREMATION, REMO	7/24			emetery or crematory eran Cemetery	Crownsville,	COUNTY Md.
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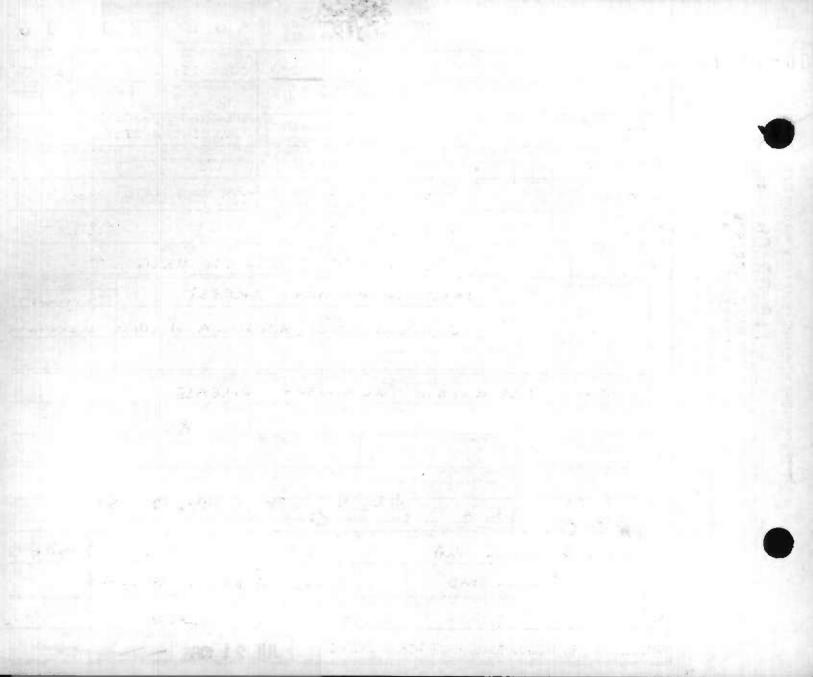
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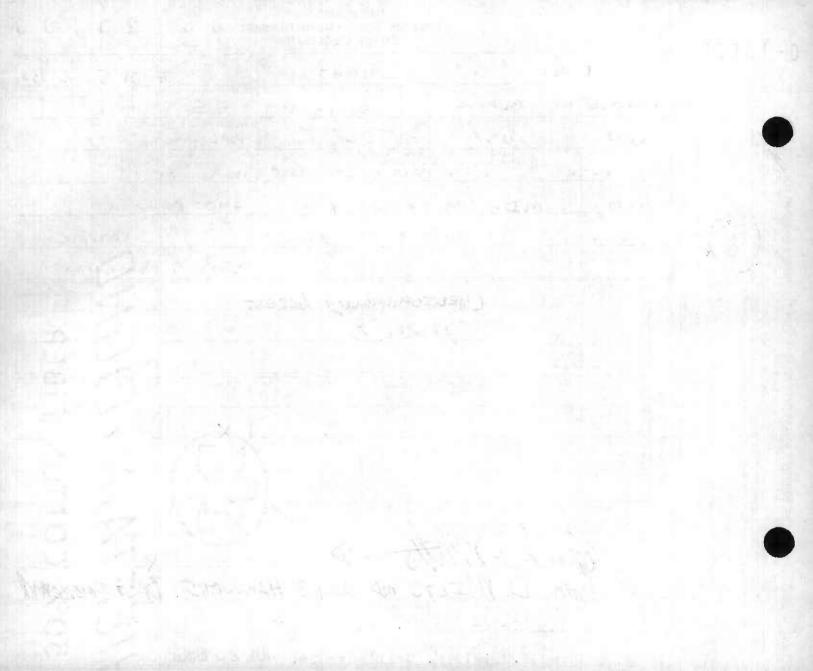
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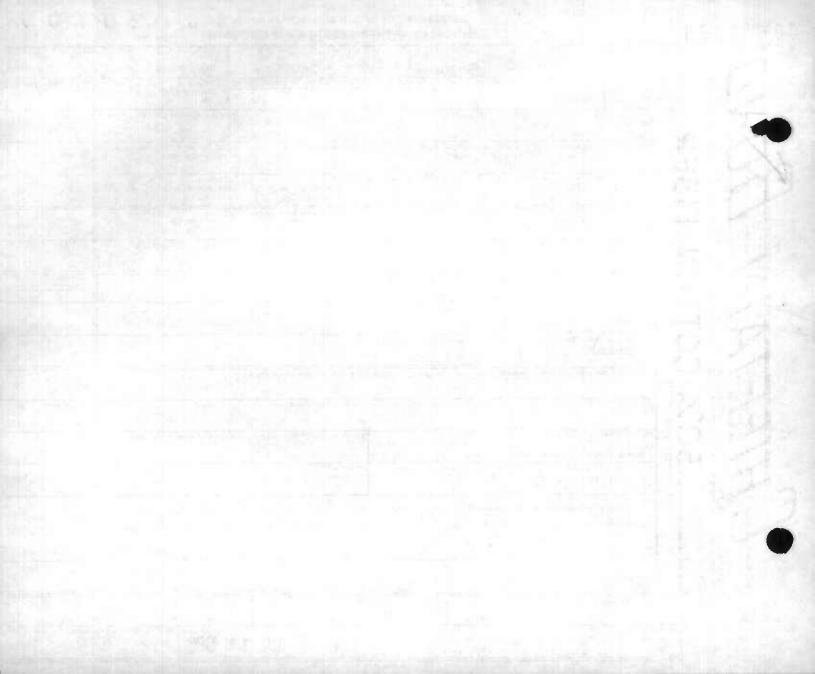
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME LAST 20. DATE OF DEATH MONTH (GRANT WOODROW GRANT (WOODY JULY 15, 1986 12:10 1.5EX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR 449 M B IN BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYTAND U.S.A. BALTIMORE CITY WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) JOHNS HOPKINS HOSPITAL BALTIMORE BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 1305 EDEN STREET MARYLAND 13d. INSIDE CITY LIMITS? 21213 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GRANT FIRST WOODY SR. HENRITA FORESTER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT WE NO OR UNKNOWN 217098821 SHIRLEY TATUM 3154 RAVENWOOD AVENUE 18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and (c).1 CARDIOPULMONARY PART I. DE ATH WAS CAUSED BY: ARREST DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CELL CARCINOMA of LUNG 6 mon SQUAMONS Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PULMONARY DISEASE DBSTRUCTUE C YMON IC 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 9n DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INSURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) this haspital) attended the deceased from sow the deceased alive an July 5 above (1) we) did (did not) view the body alter death. 19 6 , and that in (my) (aur) apinion death occurred on the date and have and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN STAFF 7/15/86 PHYSICIAN T 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should b Brown Johns Eric 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY MD. BURIAT 7/14/86 T.ANSDOWNE MOUNT ZION 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 WM. C.MARCH F/H INC. 1101 EAST NORTH AVENUE Fishe Davidson Bandalle (VRA 15, 4)



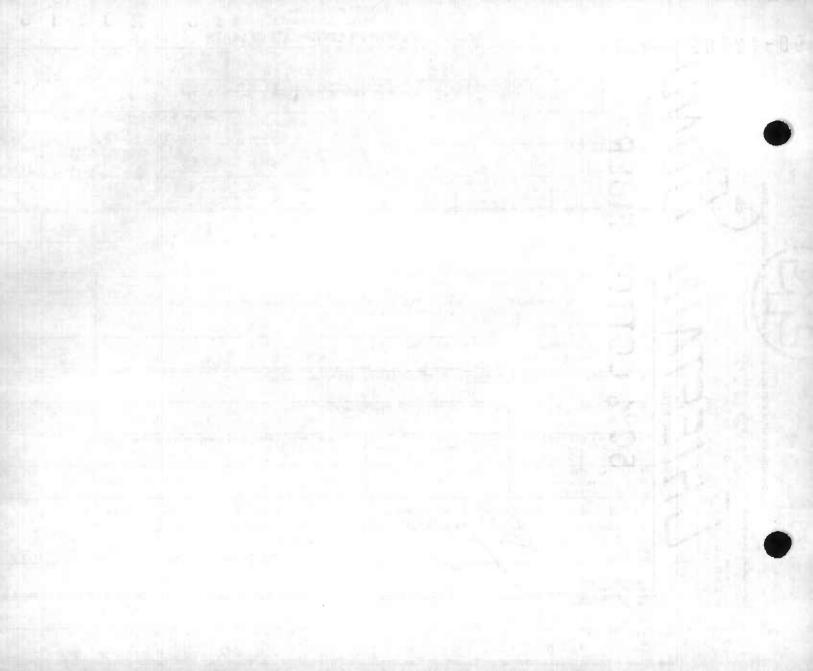
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	0		3 SE			4 RACE		5 DATE		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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	eath. P	tonce		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	1 13 0		OF DEATH CITY	
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TIMO	on S. P.	e medi	()	ES NO OR UNKNOWN)	(IF YES, GIVI	E WAR OR DATES)				3001	S. Han	nover	57
W. PRESTON ST., BALTIMORE, MARYLAND 2120,	te death certificative autending physiomove carbon paper	nation, or removal. traumatic event, th		Conditions, if any, gave rise to imm	AS CAUSEI IMMEDIAT which nediate	D BY: E CAUSE (o)		Fulmo	nary ARRE	5 87		BETWEEN C	IMATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W.	equires that the signed by the Then please re	to buriol, crem injury, or other	NO	couse (a), stating underlying couse PART 2 OTHER SIGN	lost	(c)	R AS A CONSEQUE		NOT RELATED TO THE TER	RMINAL DISEASE OR CO	ONDITION GIVE	N IN PART 100) ·
AL RECO	he law rian. has bee	shaws any	CERTIFICATION	190. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?
OF VII.	PHYSICIAN: T ending physici this certificate the burial-transi	ltem 18 sh		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	in .	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCU			RT OR PART 2)	
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	TAL OR A by the hos RAL DIRECT	E State Dept		22% SIGNATURE	en	(-)	With	V		MEDICAL ST	AFF SICIAN T	22c. DATE S	SIGNED
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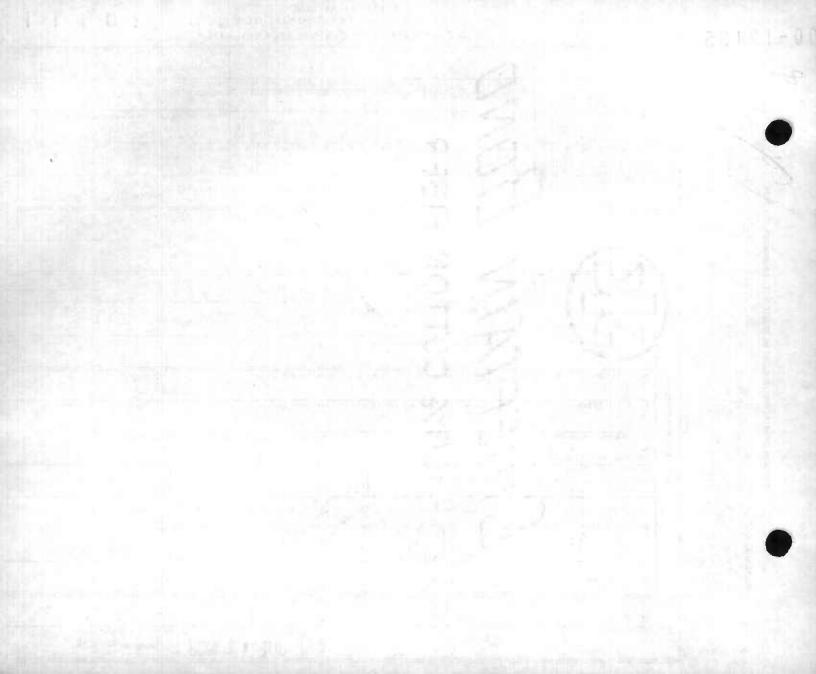
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۵	WARI VARI		AT WORK	ATWORK]								OTAIL
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	NE SATE		22a. I certif	fy that I took charge	e of the remains	described	obave, held	n Auto	opsy X.	Inspectio	in L.	Inquiry	□.	and in my	y opinio	n	
	NEW DES		death resulte	ed from: Noture	al causes .	Accide	ent .	Suicide	. Homi	icide X	Undeter	mined mo	onner _],			
	AR WITH			11-1	· . (1)	111			TITLE (SPECIFY)							
	A HOOME		ACTUAL SIGNATURE_	MOUN	220,11	NO 41	2118.		M.D. ASS	istan	t MEDIC	'AL EVAL	AINIED	DA	ATE GNED	7/4/8	36
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	SE S		(TYPE OR PRIN	NAME Mar	garita.	A. Ko	rell,	M.D.	ADDRESS	111	Penn S	St.	Balt	O.MD).		
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL DIRECTOR: PAGE 3 SHOULD BE USED A FAFER DEATH, WITH THE STATE DEPARTMENT OF HE MATTIMORE, MARYLAND, 21201 PROR TO BURIAL, CHIMINESTIMORE, CHIMINESTIMORE, MARYLAND, 21201 PROR TO BURIAL, CHIMINESTIMORE, C	724 0		TION, REMOVAL 2	-				OR CREMAT	ORY	23d LOC	ATION					
	- w L - 4 U	230.8	SPECIFY)							ORT	CHTY OR	TOWN	more,	Md	COUNTY	S	TATE
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20,141	DHMH - 17	24.1		March F.	II Uaa ADD	RESS AS	00 11-1	ach A		DA DATE	REC'D. BY R			GISTRAR	SSIGN	Pandel	Mar
	(VR A15 ME (5))		Wm C N	march F.	n west	43	00 Wat	asn A	ve.	JUL	11	1986	June	Dimi	THE PERSON NAMED IN		11.19
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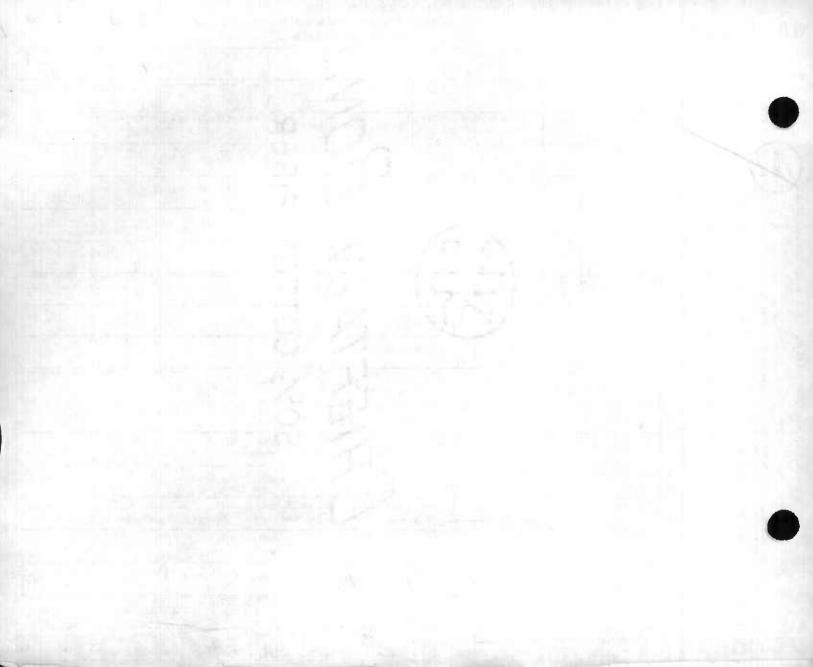
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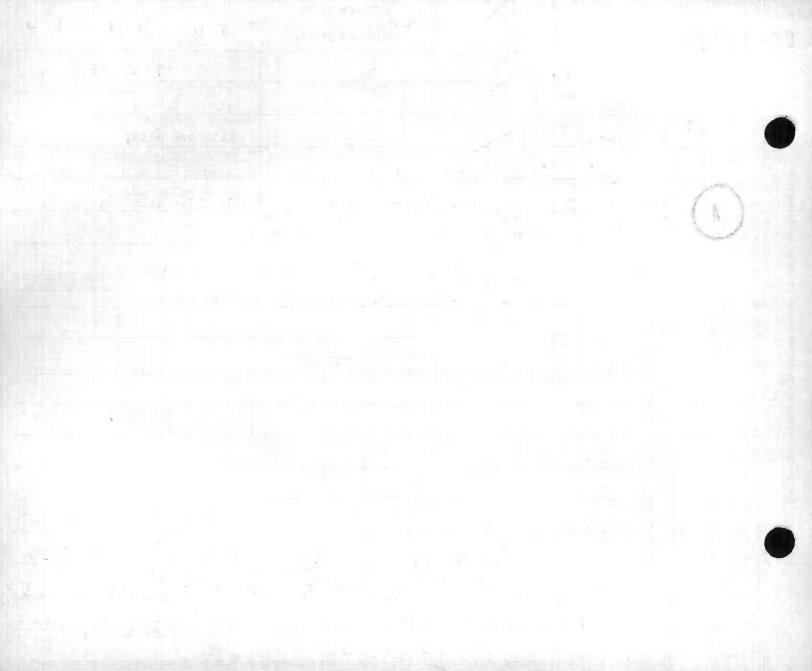
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E, M	E 0 X5	14a M	William VAS DECEASED EVER IN U.S. AI	V.	Wyatt		Addie	e	Elizabe		Pai	.ge
AORI	Pages medica		ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	-120		Mrs.			arlem A		
LTIA e be	cion Pers. P			<u>W 11 </u>	223-26-		11 Edythe	e Wyati	Baltim	ore, Ma		MATE INTERVAL DISET AND DEATH
., BA	physic population povo novo		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	ED BY.	SEPTI		SHOC	K			BETWEEN	NSET AND DEATH
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RDS, 20	n signed Then ple r to buric injury, a	NOI	PART 2. OTHER SIGNIFICANT		ONTRIBUTING TO	ARI A	NOT RELATED TO T	HE TERMINA		DITION GIVEN	IN PART 110	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARKING PHYSICIAN; The law requires that the death certificate be executed an ottending physicion.	ite hos beer nsit permit. Igiene prior shows any i	CERTIFICATION	190 DATE OF OPERATION	LY TO	4	H OPERATIO	BON6	5	(ES NO)	20h IF YES, V IN CERTIFYII YES	VERE FINDIN NG CAUSES	IGS USED OF DEATH?
OF VIT	certificate riol-transi ental Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY		(ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
NOI HYS nding	or A	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY	5 1 0 to 5 7 5 1	211 LOCATION	0	CITY OR TO)wN	COUNTY	STATE
NIVIS	After the os the alth and morked	2	AT WORK NOT WHILE	(ATTIONE 31K	REET, FACTORY, OFFIS	- C		00	- 1.		0-6	
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R ATTEN haspital	CTOR: J for us of He n 21 is		sow the deceased alive or above, (1) (we) (did) (did no	ot) view the body	ofter death.		nd that in (my) (our)	opinion deot	h occurred on the d	ote and hour a		
AL OR	000		226 SIGNATURE	A pulla			DEGREE ATTEN PHYSI	IDING M	AEDICAL STA	FF CIAN []	7-S	SIGNED
HOSPIT oined by	FUNER old be the St		SUR 117	JULK	A		BON -	Seco		SPITA	4, \$	ALTIMORE
5 er	sho sho	230 B	SURIAL, CREMATION, REMOVAL	23b. DATE	236	NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION			
BI	P	(Burial	7/12/	1986 AI	butus	Memorial	Park	CITY OR TOWN	Baltim	ore. M	arvland
DHM	H - 16 60M 7/B4	24 F	NETAPRECTORSONS F				7	250. DATE RE	C'D. BY REGISTRAR	25h REGISTRA	R'S SIGNATU	JRE ×
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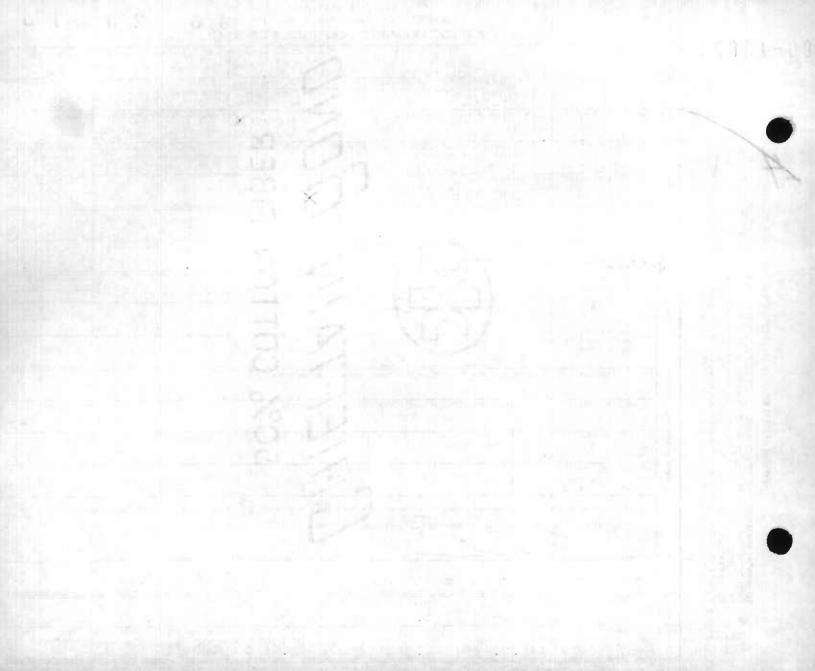
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0 (10010		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1
			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAT	Y YEAR 2b. HOUR
	ay be age 3 death		Euge	ne	Wyche	07-21-86	м
	mo ter o	3. SE>		4 RACE	5. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
	4 000		Male	Black	9-12-1955	2 X YRS.	
	4 12 6		THPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED PRIEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	F DEATH
	1 MA	0	ACTO Nod.	USA	WIDOWED DIVORCED	BHCTO C	ITY MD.
-	1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
51	1 13 00	-	SACTO		UANTICO HUC	CHAUFFUER	DACTO YTY
213	be be in	USUA 130. S	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 113d. INSIDE CITY LIMITS?	130. STREET ADDRESS	1215 h
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3,17	athir 2 sh	14 FA	THER'S NAME	MIDDLE /// C LAST / C	15. MOTHER'S MAIDEN NA	ME MIDDLE Z	1007
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RE,	and and appropriate the second and and and and and and and and and a		(AS DECEASED EVEIL IN U.S. AR.	MED FORCES? 16b. SOCIAL SECU	01/10/10	1 /1 ADDRESS WILL	EE 5/2
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SALT	sicio sicio ppers val: r, the		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), on	(0)	A 2 C-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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NO	th ce			DUE TO, OR AS A CONSEQUE	NCE OF	A 40	//
EST	deat ave ave tian,		Conditions, if ony, which	((b) FL	DIO OVERU) P(I)	
. P.	the remo		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE PE	A. 50 1 . 0	
2	that that ilease ial, cr	13	underlying cause last.	(c)	CHRONIC REN	AC HAWILL	
DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 21	gang gang	7	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	N IN PART 110
ORD	D 1.E 4 E	TIOI					
RECC	law re ermit. e prior s any ii	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, V	WERE FINDINGS USED ING CAUSES OF DEATH?
IAL	in: The fahysician.	RTIE				YES NO YES	NO
2	Physical Hy all Hy		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	LUCIUS A M. MONTH D.	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
Ö	SIC ng cert cert lente lente	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19		
Sio	the burner of th	MED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIV	No state		AT WORK AT WORK		March 1086	-11.0.1	0/
1	TENDI Ital or OR: A or use f Heal		270. I certify that (I) (this haspi	tol) ottended the deceased from		death occurred on the date and hour of	that (I) (we) lost
			obove, (1) (we) (did (did no) view the body after death.	DE GREE	death occurred on the date and hour o	
	OR AT be hasp DIRECI oched for Dept.		228. SIGNATURE	- dans	ATTENDING \	MEDICAL STAFF	221. DATESIGNED
	HOSPITAL ned by th FUNERAL sld be deter the State ORTANT:		22d. PHYSICIAN'S NAME (TYPE O	D ORINITY	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN	11/24/00
	O HOSPITAL etained by t TO FUNERAL should be det with the State MAPORTANT:		luis F	GIMENEZ	5601 kg	H RAVEN BLUD	BALTO
	TO HOSP retained TO FUNE should be with the SMPORTA	00- 0	-013 1	Ton Days			21239
		230 E	URIAL, CREMATION, REMOVAL	7-75- C/2 236	PROPERTY OF CREMATORY	23d. LOCATION	SOUNTY STITE
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	1			STATE	OF MARYLAND		
1-12226		FOR STATE REGISTRAR	DEPART	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	20115
o m =		CEASED NAME FIRST OR PRINT)				20. DATE OF DEATH MONTH	12 86 1.01D
nay be page 3 rr death		IL	DONG	YON		07	4.04r W
ge 4 mc	3. SE	FEMALE	4. RACE KOREAN	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
a 72	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
eoth		orea-Seoul	KOREAN	WIDOWE		baltimore ci	ty, MD.
i 1 17	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME O	R OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
20 43		Baltimore	St. Agnes Hos	spital		Housewife .	
24 hours		AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUNTY)	OTHER INSTITUTION, GIVE RESIDENCE BEFORM 13c. CITY OR TOY Baltime		13d. INSIDE CITY LIMITS? YES [X] NO []	13e STREET ADDRESS / ZIP C 4610 C Pen Lu	CODE 21201
· · · · · · · · · · · · · · · · · · ·	14. F/	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME	
ond control within oges I control of control	3		oung Yom		Ae You	al MIDDLE	Lee
d es —		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRESS	
Poge:	_ '	NO	N/A		Chun Young Ch	nung 2211 Reist	21217 cerstown Rd.
sicio pers ol.		18 CAUSE OF DEATH (Enter an	ily one cause per line for (a), (b), o	and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a physical can paper emoval event, 1	- 1	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0) ACUT		OCARDIAL :	INFARCTION	
ding brbo or re		114 114 12 12 11	DUE TO, OR AS A CONSEQU	·			
e attendin mave carb nation, ar r traumatic		Conditions, if any, which	(b)	DEINCE OF			
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by the ose rer t, crem ather other		underlying couse last.	DUE 10, OR AS A CONSECU	DENCE OF			
n signed Then ples to buriol injury, ar	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 11a
prior prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
The it	E.					YES NO	YES NO
opposition of physicion. certificate has rial-transit peental Hygiene them 18 shows		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	1	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	n 18 PART I OR PART 2)
PHYSICIAN: ending physical this certifical te burial-tran ad Aental Hy d or Item 18:	SAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	All I	19			
ettending ter this cer s the burio and Meni	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM FIC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ter t ter t han han rked	>	AT WORK AT WORK	TANOME, STREET, TACTORY, STREET	, rann, ere j			
ar aff		220.1 certify that (1) (this haspi	tal) attended the deceased from		, 19	, ta	, that (I) (we) last
ATTENDING sspital ar att CTOR: After d for use as tl f. of Health ar n 21 is marke		saw the deceased alive an	t) view the bady after death.	, an	d that in (my) (aur) apinian	death accurred an the date and	I have and from the causes stated
t e e e		226. SIGNATURE	7 - 0	1	DEGREE	RESID	ENT 22c. DATE SIGNED
the the order of t		Cleur, S	Melana	P _	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	V 7-12-86
FUNER bould be d the Sta	1	22d. PHYSICIAN'S NAME TTYPE O	R PRINT)		22e. ADDRESS	GNISS HORD	DITA:
retained by the TO FUNERAL D should be detac with the State D IMPORTANT: If		ALVIN'S	. MADARAK	X	900 0	ATON AUS	BALT. MD 2123
5 6 5 4 ¥ ¥	23a. I	SURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
BP		Burial			nily Cemetery	Kyeong Gi Pr	covince Korea
	24 F	JNERAL DIRECTOR		. J. L. Jan		E REC'D. BY REGISTRAR 256 RE	
HMH - 16 60M 7/84 (VRA 15, 4)	Ha	hhard Funeral U	Iome, Inc. 4107	Mi Hear	21229	1 / 1986	The sold the same
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		STATE OF MARYLAND							
		1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENS 6 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.					10
		1	REGISTRAR						1 15
00 - 1	3021	1. DE	CEASED NAME FIRST	MIDOLE	LAST	2a. DATE KNOWN		DAY	YEAR 26 HOUR
00 1	0021	(TY	PE OR PRINT)			OF ESTI.	X Mortin	DA1	20 FIOUR
	PLEASE ECTOR. R FILES. HOURS STREET,		Georg		Young Jr	DEATH MATED	□ 7		86 M
	A DE OFF	3. SE	4 RACE	DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDA	11 01100		MONTH	DAY	YEAR 24 HOUR
	X SEEK	M	ale Black	01-24-30 56 YR	Moreting DATE HOOKS	MIN PRONOUNCED DEAD	7	14 10	86 8AM
110000	3 2 × 3 5		IRTHPLACE (STATEOR	CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY	OR COUNT	- In 17	
	8388	FC	PREIGN COUNTRY)		MARRIED NEVER MARI	RIED			
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4	3094	1	Baltimore	Johns Hopkins Hos	spital	disabled			
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1 8	395310A	10/10	TATE 1136 COUN	13c. CITY OR TOWN	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	- 1	01	145
			ryland	lBaltimor			treet	, ,	
7	5-205A	14 E.	ATHER'S NAME FIRST	MIDDLE	15. MOTHER'S MAIL	DEN NAME MIDDLE		LAST	TO THE
1 N	東州生老人	1 0	George Edwa	d Young Sr.	Agnes		Hopk	ins	
9	N N N N N	16e. \	WAS DECEASED EVER IN U.S. ARA	D FORCES? 166 SOCIAL SECURITY		ADDŖE	S		
5	F-3-588	1	ES, NO, OR UNKNOWN) (IF YES, GIVE		722 Coores 5	701100 Cm 7/	10 17 :	11	o D.d
- A	DIA PER		V 1/1000/-		/32 George	loung Sr. 74	10 VI		
150	2.00	1	18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)	one cause per line for (o), (b), and (c).)				BETWEEN	NONSET AND DEATH
Z	V 24 HOI V ITEM I ALONG IT PERMI YGIENE, OVAL.			CAUSE (o) Arteriosclero	tic cardiovas	cular disease			
STO	ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ			DUE TO, OR AS A CONSEQUENCE O	F				
ac ac	SEA TANK		Canditians, if any, which gave rise to immediate	(b)	and the second				
χ.	NA PARK		cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE O	¢.				
6	UTED WITHIN 24 HIND PENCIL IN ITEM IN PENCIL IN ITEM IN TEMPLIT PENCIL IN TEMPLIT PE		lying couse lost.						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	2200		DANK A DANKA CARREST	(c)					
2	BE EXECTENDING: AREDICAL AS A BUT EALTH AN CREMATI	-	PART 2 UTHER SIGNIFICANT CONDITIONS	NTRIBUTING TO DEATH RUT NOT RELATED TO THE TERM!	NAL DISEASE OR CONDITION GIVEN IN P	ART 1 (a)			
0	A ALTH	ō	Ethanoli	sm					
- A	HEF WED A SED A SE	13	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	ATION WAS PERFORMED?			20 AUTO	OPSY?
¥	お答当の名	Ĕ						YES	□ NO [X
>	W BE CONTRIBUTION OF THE STATE	CERTIFICATION	21e EXTERNAL CAUSE WAS	21b. TIME OF INJURY	121¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	R PART I OR PAG		LJ NO LA
0	SHESKE.	0	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	The state of the s	CD (CONTRACTOR OF BOOK! BY HEM	O TAKI I OR PAK	(12)	
ō	EL CARO	D.	CONTRIBUTING CAUSE OF E						
N N	THIS CERTIFICATE SHOULD IN WARDED TO THE CHIEF MANARED TO THE CHIEF MANARES SHOULD BE USED A STATE DEPARTMENT OF HEAD IN THE DEPARTMENT OF HEAD IN T	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	cou	IN IT W	STATE
0	WARD WARD PAGE 1ATE	-	WHILE NOT WHILE AT WORK			CITOR TOWN	000	1411	SIAIE
						V D	37-37		
	EXAMINER: THIS C CERTIFICATE, WRIT ULD BE FORWARD I DIRECTOR: PAGE: I, WITH THE STATE D MARYLAND, 21201		22a I certify that I took charg	of the remains described above, held on	Autopsy Inspection	on A, Inquiry L,	ond in my opi	inion	
	MERCE		death resulted from: Natur	causes X Accident , Suic	ide L., Hamicide L.	Undetermined manner	,		
	A K B B K K		7/	. 1	TITLE (SPECIFY)				
	AHOAE"		ACTUAL SIGNATURE	lent		t MEDICAL EXAMINER	DATE	7/	14/86
	OE SERVICE	1							
	AND WELL		EXAMINER'S NAME (TYPE OR PRINT)	Mam M. Zane, M.D.	ADDRESS 11	l Penn St. Bai	lto.MD		
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		(:	PECIFY)			CITY OR TOWN	COUN	TY	STATE
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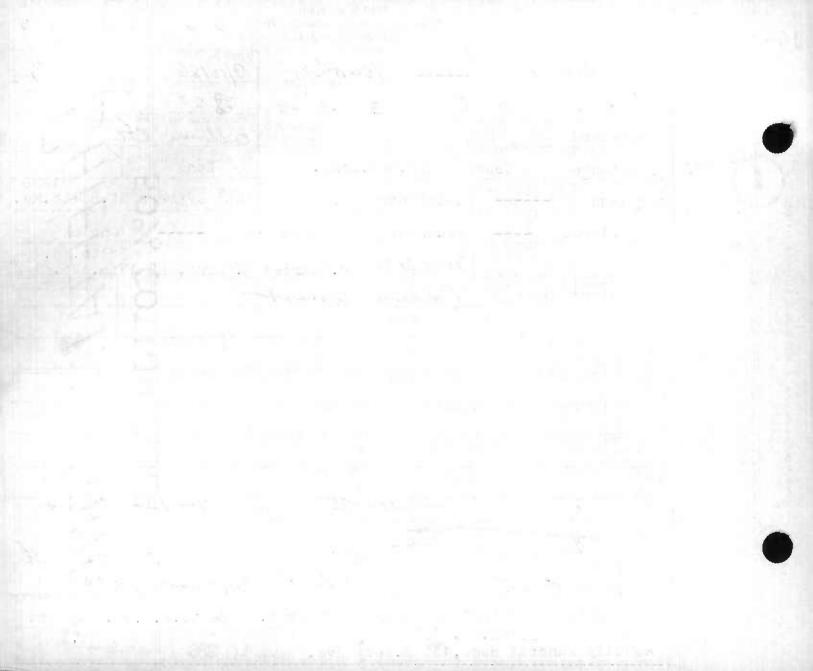
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1 044 5	Z	PART 2 OTHER SIGNIFICANT C	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a							
	은					16-3-2		W.		
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R ATTEN haspital RECTOR ned for u		saw the decreased allow on the date and hour and from the causes stated above. (i) (iii) (idia and well-the body of the body o								
RE A Ped		226 DEGREE 220 DATE SIGNATURE 220 DATE SIGNED 2								
0 0 0 0 0		ATTENDING MEDICAL STAFF 5/1/86								
by the by the best of details of	-	77d PHYSICIAN'S NAME (TYPE OR PRINT) 77d PHYSICIAN DIRECTOR PHYSICIAN 1776 ADDRESS								
A be See		22d PHYSICIAN'S NAME (TYPE OF	R PRINT)		22e ADDRESS		11.		24	+ -
TO HOSPITA etained by TO FUNERA should be de with the Stat		1/10/	N.D.MI	-10	300	0/ 5.	HANOUP	XST	Tall	Lange 2
TO F Should	220	BURIAL, CREMATION, REMOVAL	236. DATE 23c N	IAME OF C	EMETERY OR CI	DEMATORY	23d LOCATION		Jul.	000
	230.	(SPECIFY)		AME OF C	EWELEKA OK CI	KEMATORY	CITY OR TOWN		COUNTY	STATE
BP		Removal	7-14-86	- V.			Della Parket			
DUME 14 4044 3 10 4	24 F	FUNERAL DIRECTOR			100	25 DATE	RES'D BY REGISTRAR	255 REGISTRA	R'S SIGNIAT	URE
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME Anatom	y Board B	alto	., Md.	JUL	Z 1 1900	Gulia Di	corden	andrea
(VKM 13, 4)		Allacolli	y Buard B	uito	· , FIC.			0		



3	1.	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 6	2	0 1	1 8			
		CEASED NAME FIRST Ruth	WIDGLE		ung	% DATE OF DEATH	7 18		26 HOUR 200 PM			
	3 SE	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS			
		female	black	12	17 1918	67	YRS		Mile.			
7		RTHPLACE ISTATE OF FOREIGN COUNTRY) S. C.	76 CITIZEN OF WHAT COUNTR	RY? 8. MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY C	ore cit					
C	1	altimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR 1702 Pre	REET ACORESS)	or other institution Street	12a USUAL OCCUPAT (1YPE OF WORK FOR MOST O Retired	BUSINESS OR					
5	13e.1	AL RESIDENCE (IF NURSING HOME OR 13b COUN		NWC	13d. INSIDE CITY LIMITS?	1702 Pres	zip code sbury S	treet	21217			
0		lack	Rice		Cora FIRST	WE		Epps				
1		VAS DECEASED EVER IN U.S. AR/	MED FORCES? 16b SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRI						
43	4,18	No	214-18-0625 Alma M.Hill 2652 Marbourne Av						enue			
	213	18 CAUSE OF DEATH IEnter only one cause per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) We part it for its properties of the control of t										
P		Conditions, if any, which gave rise to immediate		2	2 200							
		cause (a), stating the underlying cause last			11							
	TION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
9	RTHCATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO						
9	CAL CERT	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	I OR PART 2)									
1	MEDI	216 INJURY OCCURRED 210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) 211 LOCATION STREET CITY OR TOWN							COUNTY STATE			
		27a.1 certify that (1) (this hospital) attended the deceased fram 4/23, 19 6 to 7/18, 19 86, that (1) (we) lost the eccased glue on 7/17 19 86, and that in (my) aprilian death accurred an the date and hour and from the causes stated over 19 we) (draft laid again view the body after death.										
		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7/21/86										
	1		atestical n	20	900 Caton	Ave B	ital	1 21	229			
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial			EMETERY OR CREMATORY Memorial Par			OUNTY	STATE Md			
•		uneral director archeFuneral Hom	ne West 4300 Wa	bash Av	venue Z50 DAT	E REC'D. BY REGISTRAR	25 REGISTRA	R'S SIGNITAN	ACCOUNT .			

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)



7-15-86

Leonard J. Ruck, Inc., 5305 Harford Rd.

Moreland

INDUSTRY

2:45 IF UNDER 1 YEAR

HOURS

12b. KIND OF BUSINESS OR

Unknown APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT KLATSKINS TUMOR 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN STATE Balto. . Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE wis builden yardelle

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

(SPECIFY) Burial

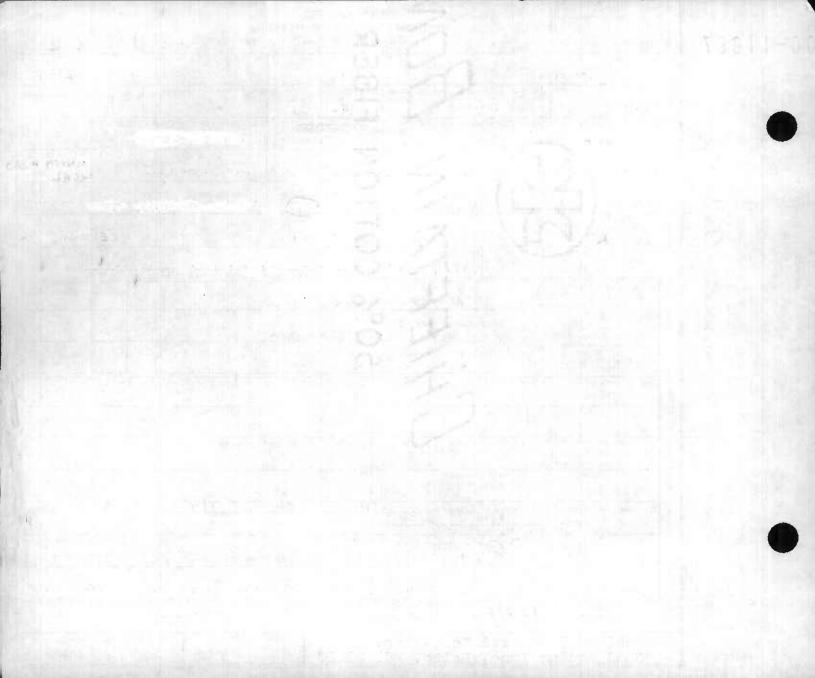
24 FUNERAL DIRECTOR

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	1			STATE OF MARYLAND		
00-144-86	1	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO	20121
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of the pe	{1Y	FRAN	VK R		7-1	- 86 5:25 PM
de g	2.5		RACE	S DATE OF BIRTH		F UNDER 1 YEAR IF UNDER 24 HRS
or other		Male	White	1 - 2 - 15	7/ YRS	ONTHS DAYS HOURS MIN.
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	5/6	Saction &	quality of he	D. Hospitel	Parker Working LIFE	LOCAL #1
NO THE PROPERTY OF	S Ba	STATE AND COUNTY	Section	N ITE INSIDE ON LIMITS?	3. STREET ADDRESS / ZIP CODE	A. 21201
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¥ 1000	1	Mark	Jalli	er Theresa	ADDRESS SAL	1 2 11 11
		WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (HE YES, GIVE W		1100 11 11	Sallar 869	Holling It.
public of the state of the stat		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY. CSPAIR		Parezz.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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w in the		underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF ACUTE LA	EUKEMIA	SMON
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VISIO Of Phi of the b cond A	MED	WHILE NOT WHILE	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
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E 6 6 5 5 5		saw the deceased plan or above, (f) (was laid)	view the body after death.	ond that in (my tour opinian	deoth accurred on the date and haur	
FERR ES		THE SIGNATURE GER.	the bear are seam.	DEGREE		274 DATE SIGNED
Al Date Dote Dote D		R.Ko	wells.	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	7/1/86
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Se Per		AL RESIDENCE (IF NUR	ME OR OTHER	INSTITUTION	13c. CITY OR TO		t 13d INSIDE	CITY LIMITS?	13e.STREET A	DDPESS /	ZIP CODE			
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る人	14. F	ATHER'S NAME	WIDDLE	C/	LAST		15 MOTHER	'S MAIDEN NA			-			
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IREC hed ept tem		obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE 22c. DATE SIGNED												
te Doct		ATTENDING MEDICAL STAFF 1/4/86												
Stote C	7	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 122e ADDRESS PHYSICIAN DIRECTOR PHYSICIANY 7 T 9 0												
should be deto with the Stote I		MICHMEL			ER, W	.0.	300		HANGI	VER	51	B	SALT, N	no.
F € 3 ₹1	23a.	BURIAL, CREMATION, REMO		DATE	23	. NAME OF C		CREMATORY	23d LOCAT		~			
		(SPECHY) Burial	7	1/8/8	36	ak La	wn		Ba.	141ma	ore	COUNTY	Md.	TATE
- 16 60M 7/B4	24 F	UNERS CHIMunek	Fun	era	Home	Inc		25a. DATI	REC'D. BY RE	GISTRAR 2	56. REGIST	RAR'S SIGN	ATURE	
RA 15, 4)		3331 Breh	ms T	ane	. Balto	bM.	2121	3 1111	8 40	poc	which do	in the same	Bode	,
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St. Stanislaus

FOR

230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

Burial

23b. DATE

John Meber & Sons Inc. 48755. (hester St.)

- STATE

STATE OF MARYLAND

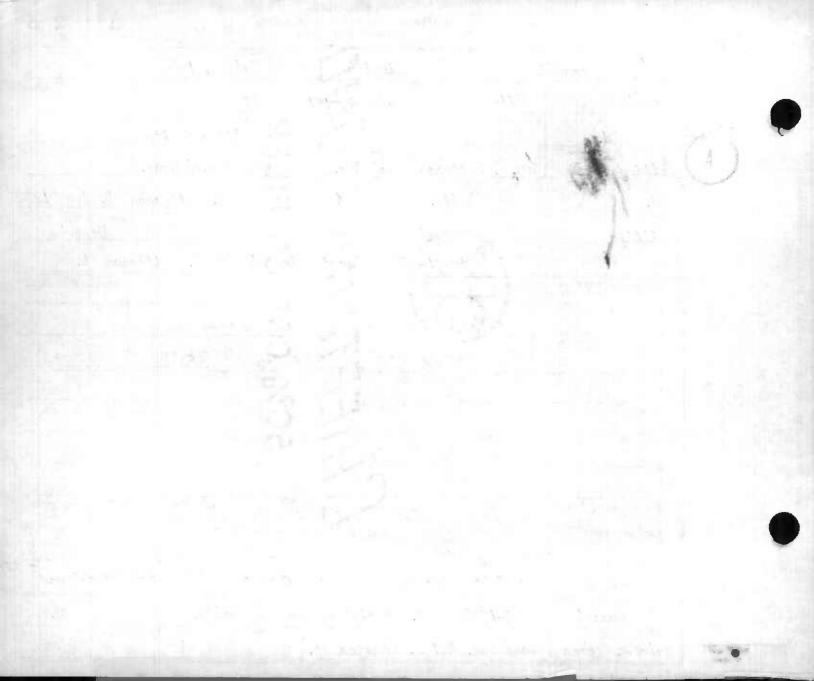
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IF UNDER 24 HRS

NO T

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE



						STAT	E OF MARYL	AND					
00-	11936	1.	FOR STATE REGISTRAR		DEPA		EALTH AND I	MENTAL HYGI DEATH	ENE B	6 REG. NO	2	0 1	24
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	1 11	1.55		4. RACE		5 DATE C			6. AGE INYE			IF UNDER 1 YEAR	
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		13a	AL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION OF THE PROPERTY OF THE PR	ELLIC		13d INSIDE C	ITY LIMITS?	13e STREET AI	DDRESS /	ZIP CODE		ve-2104
7	PN 99 60/		THER'S NAME	MIDDLE	LAST		15. MOTHER'S	S MAIDEN NAM	NE .			9 21 00	76-2104
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BALT	4		8 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	anly ane cause p	er line far (a), (b),	and rest						APPROX	ONSET AND DEATH
to.	SER		PART I. DEATH WAS CAUS	SED BY. ATE CAUSE (a)_	Lardy	ac	asses	.+				0-11	min.
Z O	C. T.				OR AS A CONSE	QUENCE OF							
153	den den		Canditians, if any, which	((b).	acute		450000	s leve	remia			3700	163 month
3	of the company of the		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO,	OR AS A CONSEC	DUENCE OF	J						
05.20	ugned her pla tury, or	N.	PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE	OR COND	ITION GIV	EN IN PART 1	0
8	11117	ATR	90 DATE OF OPERATION	19h CON	DITION FOR WHI	CH OPERATIO	N WAS PERFO	PARED	200 AUTOF	cv?	20h IE VES	, WERE FINDI	NGC LISED
#	21 242 5	IFIC					· · · · · · · · · · · · · · · · · · ·				IN CERTIF	YING CAUSES	OF DEATH?
TA	F 8 8 8 8 8 -	CERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY		21c. HOW IN	JURY OCCURRI		NO DE INTERES		APT LORPART 2)	NO 🗌
V OF	Sicial Physical Physi	ICAL C	OR CONTRIBUTING CAUSE OF D	ER)	a.m. month P.m.	DAY YEAR 19			([11])	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ANT ON TANTE	
IVISIO	otherds of the first wedge	MED	21d INJURY OCCURRED WHILE NOT WHILE AL WORK		E OF INJURY STREET, FACTORY, OFFI	CE, FARM ETC)	21f LOCATIO	ON		CITY OR TOW	N	COUNTY	STATE
	A STORE OF THE PERSON OF THE P		22a I certify that (I) (this has			m 3014	8	. 19_86	, to 30	17 8	,	19.86	that (I) (we) last
_	21 22 2		taw The deceased alive of above, (I) (we) (did) (did)	in July	ly after death	96 , or	nd that in (my)	(aur) apinian d	eath accurred	on the dat	e and have	and fram the	causes stated
	AN HERE		226 SIGNATURE	. The willie book	y direr dedili.		DEGREE				1640	22c. DATE	SIGNED
•	4 444		and 1	4		MI) ^	PHYSICIAN [MEDICAL DIRECTOR	STAFF	ANTIN	7/8	186
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	DHMH - 16 60M 7/84	24 F	INERAL DIRECTOR STET	ling F	uneral	LStat	e,P.A	. 25a DATE	REC'D. BY REC	GISTRAR 2	Sb. REGISTI	RAR'S SIGNAT	URE
	(VRA 15. 4)	17.	36 Edmondson	Ave.	Catons	ville.	Md - 21	228 111	1 40	000	80. 1	Y	77. 2.00

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